



# Leave Request

Personnel # \_\_\_\_\_  Bi-weekly  
 Monthly

Name \_\_\_\_\_ Department \_\_\_\_\_

Type of Leave	Hours	Days	Dates		With Pay	Without Pay
			From	To		
Vacation					<input type="checkbox"/>	<input type="checkbox"/>
Sick					<input type="checkbox"/>	<input type="checkbox"/>
Funeral					<input type="checkbox"/>	<input type="checkbox"/>
Administrative					<input type="checkbox"/>	<input type="checkbox"/>
Bad weather					<input type="checkbox"/>	<input type="checkbox"/>
Civil					<input type="checkbox"/>	<input type="checkbox"/>
Work compensation					<input type="checkbox"/>	<input type="checkbox"/>
Military					<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)					<input type="checkbox"/>	<input type="checkbox"/>

Please note that paid or unpaid leave taken for three (3) consecutive days or more for purposes protected by Family/Medical Leave Act may reduce twelve weeks of eligibility for family/medical leave. For more information, visit <https://hr.unl.edu/policies/familymedical-leave-absence>

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_