

MCAD Paid Leave of Absence (LOA) Request Form

To request a paid Leave of Absence (LOA), complete the following request form with as much notice as possible.

Employee Name: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Type of absence:

- Medical care for self
- Medical care for family member
- Parental Leave
- Bone Marrow/Organ Donation
- Crime Victims Leave
- Jury Duty
- Other _____

Time off work is expected to be (select the most appropriate box):

- A continuous block of time (consecutive days, weeks, or months off work).
- A reduced work schedule.
- An intermittent basis (periodic time off that is not expected to be on a consistent schedule).

Additional documentation or clarification may be required in order for HR to make a final FMLA determination.

Employee Signature: _____ Date: _____

Department Manager Signature: _____ Date: _____

Return to the Human Resources Office (M16) or benefits@mcad.edu.

Contact benefits@mcad.edu with any questions.