FLORIDA TECH

REQUEST FOR LEAVE OF ABSENCE EXTENSION

Employee name _____ ID number _____

Department _____ Supervisor _____

I understand that a request for an extension of my leave of absence must be received at least one month prior to the expiration of the original leave of absence. Medical certification is necessary for return to work if the leave request is for employee's health condition.

I request permission for an extension of my leave of absence during the period:

From (date) _____ To (date) _____

Reason for extension:

❑ I have exhausted or do not qualify for FMLA.
❑ This request is part of my request for a reasonable accommodation.

Employee signature _____ Date _____

Supervisor signature _____ Date _____

TO BE COMPLETED BY DEAN, DIVISION DIRECTOR, DEPARTMENT HEAD OR PROGRAM CHAIR:

❑ Approved—normal work load of this employee will be covered as follows:

❑ Not approved—reason:

Dean, director, head or chair signature _____ Date _____

Vice president signature _____ Date _____

OFFICE OF HUMAN RESOURCES USE ONLY

Employee position number _____ Approved _____ Date _____

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