## **Non-FML Personal Leave Request**

I, Employee ID#			
request a Personal leave of A	bsence from	to	(not to
exceed 30 days) for the follow	ving reason:		
Frankova Cignatura		Doto	
Employee Signature	Approvals	Date	
	• • • • • • • • • • • • • • • • • • • •		
1st Level Management		Date	
2 <sup>nd</sup> Level Management	Signature  Signature	Date	
Final Approval/HR	Signature	Date	

Upon Management approval submit form to the Leave Administration Department.

Leaves granted may qualify under the Family Medical Leave Act. Please contact your Leave Coordinator for further details.