HARDIN COUNTY GENERAL HOSPITAL
P. O. Box 2467 Ferrell Road
ROSICLARE, ILLINOIS 62982
(618) 285-6634

EMPLOYEE'S REQUEST FOR LEAVE OF ABSENCE

Complete Part 1 of this form and submit it to your Supervisor.
The completed form will be given to the Hospital Administrator for consideration and final approval.

PART 1

NAME _____ EMPLOYEE NUMBER: _____

DEPARTMENT: _____ POSITION: _____

LEAVE OF ABSENCE IS REQUESTED FROM: _____

TO _____ NUMBER OF DAYS REQUESTED: _____

REASON FOR REQUEST:

____ the birth of a child, or the placement of a child with you for adoption or foster care; or

____ a serious health condition that makes you unable to perform the essential functions for your job; or

___ a serious health condition affecting your ____ spouse, _____ child, _____ parent,

for which you are needed to provide care.

_____ _____
EMPLOYEE'S SIGNATURE DATE

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PART II

STATEMENT OF SUPERVISOR: I DO/ DO NOT RECOMMEND THAT LEAVE OF ABSENCE BE GRANTED AS REQUESTED.

_____ _____
SUPERVISOR'S SIGNATURE DATE

_____ _____
DEPARTMENT HEAD SIGNATURE DATE

APPROVAL BY ADMINISTRATOR: _____

DISAPPROVED BY ADMINISTRATOR: _____