



Leave Administration Form

Submit form to **HR Leave Administration** by email (HR.LeaveAdmin@pima.gov), fax (520-791-6514), or mail (150 W Congress, 4th floor, Tucson, AZ 85701)

Type of Request

Effective Date: _____ New Change End

Employee Information

Employee Name	EIN	Date of Birth	Employee Work Schedule (Days # hours)
Department	Supervisor's Name		Supervisor's Phone
Employee Work Phone	Employee Home Phone	Employee Cell Phone	

If needed, HR Leave Administration may send information to the email(s) below.

Employee work email address: _____

Employee home email address: _____

Leave Category/Reason (Select all that apply)

Administrative (Paid)	Workers' Comp(ICA)	FMLA Adoption/Foster	Est. Placement Date _____
Parental (Partially Paid)	Military Paid	FMLA Birth	Estimated Due Date _____
Humanitarian/Personal	Short Term Disability	FMLA Caregiving	* List Name, relationship, & DOB in Details.
Candidacy	Victim	FMLA Military Care	* List Name, relationship, & DOB in Details.
Education		FMLA Military Exigency	* List Name & relationship in Details.
Best Interest of County		FMLA Self	Employee is Hospitalized at _____
Medical LOA (not FMLA)			New Condition Yes No Unknown

Leave Frequency

	Start Date (mm/dd/yyyy)	to	End Date (mm/dd/yyyy)
Continuous	_____	_____	unknown
Intermittent	_____	_____	unknown
Is there a change to scheduled hours?		Yes No	New Hours per week _____

FMLA Information: Name(s), Relationship(s) and DOB(s):
DO NOT INCLUDE ANY MEDICAL INFORMATION OR CONDITIONS ON THIS FORM.

Documents attached per Administrative Procedure: (Examples: approval, work status information, military orders, letters, etc.)

Be advised that your medical documentation may be referred to County Personnel who administer FMLA, Workers Comp, ADA or Long Term Disability

Submitted by: _____ **Date:** _____

Leave Administration use only:

Class Code:	eTime
Days worked:	EV5
Qualifying hours:	Approved / Denied _____

HR Leave Administration may be contacted by email HR.LeaveAdmin@pima.gov or phone 520-724-8076.