

San Jacinto College District  
**Employee Request for Leave**

**Instructions to Employee:** This form should be completed at least 30 days in advance of the need for leave. If the 30 days' notice is not possible, notice should be provided as soon as practicable. This form may be faxed to the SJC Human Resources Department at 281.998.6372; emailed (scanned) to [hrbenefits@sjcd.edu](mailto:hrbenefits@sjcd.edu); or hand delivered or mailed to 4620 Fairmont Pkwy. Ste. A2.102, Pasadena, TX 77504. For questions about this form, please contact the HR-Benefits office at 281-998-6115.

After receiving your completed form, Human Resources will determine if you are eligible for protected leave. You will receive written notification of your eligibility and any conditions that may apply to the taking of leave.

1. Employee name: \_\_\_\_\_

Date of hire: \_\_\_\_\_ G#: \_\_\_\_\_

Work location and phone number: \_\_\_\_\_

Home mailing address and phone number: \_\_\_\_\_

Preferred email address while on leave: \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Last Day Worked \_\_\_\_\_

2. Does your spouse work for the College? (circle one) YES NO

If yes, provide spouse's name: \_\_\_\_\_

3. Reason for seeking leave:

\_\_\_ **Maternity/Paternity**

Date of birth: \_\_\_\_\_

\_\_\_ **Employee's own serious health condition**

\_\_\_ **Family member's serious health condition**

Identify family member: \_\_\_\_\_

\_\_\_ **Placement of child for adoption or foster care**

\_\_\_ **Military caregiver leave**

\_\_\_ **Qualifying exigency leave (for family members of military personnel)**

4. Probable length of leave needed: \_\_\_\_\_

5. Are you seeking intermittent leave or reduced schedule leave? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date