

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Attachment A

**REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY FOR FIVE (5) DAYS OR LESS
NOT COVERED BY State/Federal FMLA**

This form is to be completed in advance of an unpaid leave of absence.

This form must be completed and returned to your Regional Human Resources Generalist for review and approval/denial. Failure to request unpaid leave in advance, but still taking the time off shall result in your time being charged to Unauthorized Leave of Absence. This form is not to be used in conjunction with FMLA.

THIS FORM MUST BE IMMEDIATELY FAXED TO YOUR MANAGER FOR APPROVAL/DENIAL.

Employee's Name: _____ **Date:** _____

Job class: _____

Region: _____ **Work Location:** _____

Request for use of:

____ **Unpaid Leave of Absence (LAW)**

____ **Unpaid Sick (Not FMLA) - Must be supported by Medical Certificate**

The reason for this request is: _____

Employee's Signature

Date Requested

***LEAVE IS NOT AUTHORIZED WITHOUT MANAGER'S
AND REGIONAL HR DIRECTOR'S SIGNED APPROVAL***

Manager's Recommendation: _____

Manager's Signature

Date

To be completed by Regional HR Generalist

Approval/Denial to be based on agency operating needs and use shall be limited.

____ **Approved**

____ **Denied**

HR Generalist's Signature

Date