LEAVE OF ABSENCE HISTORY FORM

Human Resources
Benefits Department

Employee Name: _____
(Last) (First) (Mid. Initial)

Penn ID: _____ Date: _____
(Middle 8 digits on Penn Card)

Type of Leave:

- ⬭ FMLA:
  - ⬭ Serious health condition that makes me unable to work
  - ⬭ Disability due to pregnancy
  - ⬭ Care of newborn
  - ⬭ Placement of child for adoption or foster care
  - ⬭ Care of spouse, child or parent with a serious health condition
- ⬭ Other Medical
- ⬭ Personal
- ⬭ Military
- ⬭ Educational

ENTER THE DATES OF LEAVE OF ABSENCE BELOW:

Intermittent leave dates:				**Intermittent leave dates:**			
Leave date:		**Hrs/Minutes off:**		**Leave date:**		**Hrs/Minutes off:**	

Suite 527A 3401 Walnut Street Philadelphia, PA 19104-6228
Tel 215.898.7282 Fax 215.573.7385 www.hr.upenn.edu

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