

BAYLOR UNIVERSITY

**Employee Request For
Family Medical Leave
BU-PP 408A**

Name: _____

Address: _____

Phone: _____ Office: _____

Baylor ID: _____

Department: _____

Department Head: _____

Date of Request for Leave: _____

Start of Anticipated Leave: _____

Expected Date of Return: _____

Purpose of Leave (Explain):

Employee

Date

Supervisor

Date

Department Head

Date