



*Town of Oro Valley*

## Leave of Absence Request Form Non-Benefitted Employees

*Use this form to request a leave of absence longer than two consecutive pay periods*

- ✓ *Employee – complete this form and submit it to your supervisor*
- ✓ *Supervisor – email completed form to [hr@orovalleyaz.gov](mailto:hr@orovalleyaz.gov)*

Employee Name:		Employee Email:	
Department:		Supervisor:	
Start Date of Leave:		Expected Return Date:	
Check One Reason Below: Medical *Note: Human Resources will follow up directly with employee  Personal			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- Human Resources will email to department director for review and approval

**I Approve** (or enter denial and signature in comment box below):

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

- Department Director will email to [hr@orovalleyaz.gov](mailto:hr@orovalleyaz.gov)

**Leave Denial Information / Name /Signature:**

**HR will email employee and supervisor once leave is approved or denied**  
HR verified for FMLA qualification

*Oro Valley, it's in our nature.*

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