

GeminiCares, Inc. - Request for Time Off

Emp #: _____	Name: _____	Date: _____
---------------------	--------------------	--------------------

Section 1.

I request time off: From (month/day/year): _____ To (month/day/year): _____

For the following:

_____ Vacation (03)	_____ Other (for example, jury duty, bereavement, school, etc.)
_____ Personal Time (05)	If other, please indicate reason: _____

Liaison Supervisor Approval: _____ Date: _____

Section 2. Family and/or Medical Leave Request

Is your leave request because of any of the following:

- _____ Pregnancy related disability
- _____ Birth of a child and/or legal adoption or foster care
- _____ Health condition of employee
- _____ Health condition of employee's spouse, child, parent or other family member
- _____ To care for a spouse, child, parent or next of kin who is a covered service member
- _____ A qualifying exigency (as the Secretary shall, by regulation, determine) arising out of the fact that the spouse, child, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of the contingency operation

Section 3. Military Leave Request

- | | |
|--------------------------------|----------------------------------|
| _____ Active Duty | _____ National Guard |
| _____ Active Duty for Training | _____ Determine Fitness For Duty |
| _____ Inactive Duty Training | |

Employee Signature: _____ **Date:** _____

LS/CM: For any time off denial, please see Generations Notes.

