

Short-Term Disability

Leave Request

Effective: September 18, 2013

Name	Request Date:	Start Date:
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Time Frame: <hr/>	Qualifying Event: Your own serious health condition
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Details: (Provide detailed explanation and attach completed short-term disability claim form)

Employee Signature:	Date:
Director Signature:	Date:
Executive Director:	Date:

Approved (contingent upon receipt of required documentation in timely manner)

Not approved
Reason:

Human Resources:	Date Received:
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