



Human Resources & Payroll
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030
 Phone: 703-993-2600; Fax: 703-993-2601

**EXTENDED LEAVE REQUEST
 --SUPERVISOR NOTIFICATION--**

SUPERVISOR NAME	Phone Number	Mailstop
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EMPLOYEE NAME	G#
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Status – Leave Requested

Employee has requested Family and Medical Leave (FMLA) to begin on or about _____ and end on _____.

Employee has initiated a Virginia Sickness and Disability (VSDP) Short Term Disability claim. The leave is expected to begin on _____ (including a 7 calendar day waiting period) and end on _____.

NOTE TO SUPERVISOR: You will be notified again when documentation has been submitted and the leave is approved.

Status – Approved

Employee has been approved for FMLA / VSDP (circle one) leave based on a medical need and certification from the attending physician. The leave is expected to begin on _____ and end on _____.

Employee VSDP Short Term Disability leave has been extended through _____.

NOTE TO SUPERVISOR: If circumstances change and your employee is able to return to work earlier than the date indicated above, the employee is required to notify you at least (3) working days before returning to work.

Contact Information

Should you have any questions, please contact the Benefits Administrator handling this matter.

Benefits Administrator (Please Print) **Phone** **Email**