Pregnancy Recovery Leave Request Form

NOTE: This form is only for employees who do not meet the qualifications for Family Medical Leave and need a leave of absence to recover from their childbirth, false pregnancy or termination of pregnancy (“Pregnancy-related Event.”). If approved, and if you do not have any accrued paid leave, this will be an unpaid leave of absence.

Employee Name: _____________________________      CWID: ________________________________
Job Title: ___________________________________     Home Phone: __________________________
Department: ________________________________         Work Location: _________________________
Supervisor Name: ____________________________          Supervisor Phone: ______________________

1. Are you requesting leave based on your Pregnancy-related Event?

2. When is the date of the Pregnancy-related Event (due date, birth, etc.)?

3. What is the length of time needed off work? Please attach documentation from your physician supporting the time you need to medically recover from your Pregnancy-related Event.

Signature: _____________________________________________ Date: ________________________

Return Completed Form to:
The University of Alabama
Attn: Pregnancy Recovery Leave
Box 870174
Tuscaloosa, AL  35487
205-348-8755 (fax)

Contact Information:
Telephone: (205) 348-7732
hrsvctr@ua.edu