



Choctaw Archiving Enterprise

2101 West Arkansas Street . Durant, OK 74701
 (580) 924-8280. (888) 924-7774. (580) 924-5764 fax

Vermont Service Center Short Term Family Leave Request

Employee Name:
Employee ID Number:
Date of Leave: <i>(If less than 7 calendar days away, explain emergency below.)</i>
Amount of Leave Requested <i>(must record a minimum of 2 hours, but not more than 4 hours in a 30-day period; not more than 24 hours in a 12-month period):</i>

Reason for STFL Request *(Please circle one in each column):*

Child	Preschool or school activity directly related to educational advancement (such as parent-teacher conferences).
Stepchild	Routine medical or dental appointment
Foster Child or ward who lives with you	Medical emergency.
Spouse	Routine medical or dental appointment
Parent	Medical emergency.
Parent-in-Law	Appointment for professional services related to their care and well-being (such as interviewing for admission to a nursing home or for meeting with lawyers, bank officers, financial managers, or any other professional whose advice or services are related to the family member's care and well-being).
Self	Routine medical or dental appointment.
	Medical emergency.

Explanation of items circled above, if necessary:

Employee Signature	Date
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Supervisor/Manager's Signature	Date
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