

ORU FMLA TIME OFF REQUEST

Personal Information

First Name

Last Name

Position

Supervisor

Employee Z
No.

Telephone

Status

Date of
Hire

Details of Time Off

Reason

Type

From

To

For Who

Telephone

during time off

E-mail during
time off

Comments

Send form to benefits@oru.edu. Contact HR-Benefits at 918-495-7561 with any questions.