
# REQUEST

# MISSOURI DEPARTMENT OF TRANSPORTATION

|  |
| --- |
| Date |
|       |
| District/Division/Office |
|       |

|  |  |
| --- | --- |
| Name | Last 4 Digits of Social Security Number |
|       | \*\*\* - \*\* -      |
| Job Title |
|       |
| Address |
|       |
| Reason for Employee or Family Pool Request:       Reason for Foster or Adoptive Placement and Care Request:[ ]  Appointment with state official, child placing agency, social worker, health professional or attorney.[ ]  Court proceeding[ ]  Required travel[ ]  Training and licensure as a foster parent[ ]  Order or requirement by the state, a child placing agency, or a court to take time off from work to care for foster or adopted child[ ]  Other activity necessary to allow foster care or adoption to proceed[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (For employee and family pool request, include information about the nature of your illness or injury and anticipated time off from work. A physician’s statement must be attached including diagnosis and prognosis. For foster and adoptive placement and care, official documentation stating why the employee’s absence is required and the anticipated duration of absence must accompany request.) |
| For employee and family leave, I authorize any hospital, physician, or any other provider of service to release information which is needed to determine benefits applicable with this request. |
|  |       |  |       |
| Print Name (Last, First MI) | Date |
|  |  |  |       |
|  | Employee/Designated Representative’s Signature |  | Date |
| District/Division/Office Comments: |
| Yes No |  |
|  [ ]  [ ]  | Is employee on probation? |
|  [ ]  [ ]  | Is all applicable documentation from employee attached? |
|  [ ]  [ ]  | For employee and family leave, has employee exhausted all accrued leave time (sick, annual, compensatory) and, if applicable, workers’ compensation indemnity payments? As of                      |
|  [ ]  [ ]  | Is employee eligible for long-term disability benefits? |
|  [ ]  [ ]  For foster and adoptive placement and care leave, has the employee exhausted all forms of paid leave available for use? |
|  |  |  |  |
|  | District Engineer or Division Leader/State Engineer’s Signature | Date |
| FOR SHARELEAVE COMMITTEE USE ONLY |
| Total Number of Hours Approved |  | Date Approved |  | Effective Date |  |  |
| Pool Category: [ ]  Family [ ]  Employee [ ]  Foster and Adoptive Placement and Care |