

# Leave Request Form

This form should **NOT** be used for FMLA Leave

## Employee to Complete

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Address \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

Status *(select one)*     Full-time     Part-time    Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby request a leave of absence effective on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(date you are requesting leave to commence)*.

I expect to return to work on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Reason for Requested Leave

Refer to your employee handbook for state, federal, and company leave policies. For questions regarding your company's leave policies, consult with your Human Resources department.

- Medical Leave
  - Non-occupational Illness, Injury, or Pregnancy-related Disability
  - Workers' Compensation

- Non-Medical Leave

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Employer to Complete

**If request for leave is for an FMLA-qualifying reason, employee should also complete the Request for Family/Medical Leave Under the FMLA.**

- Leave Approved
- Leave Denied

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leave is  Paid     Unpaid *(select one)*

Employee  is  is not required to exhaust all accrued  Vacation  Personal Time  PTO  Sick Days in accordance with company policy and where permitted by state/federal law, before taking leave.

To the extent allowed by the insurance contract, we will continue to provide  medical insurance,  dental insurance, and  vision care insurance coverage during an authorized leave of absence, up to a maximum of \_\_\_\_ months or for the length required by applicable state or federal laws. During this time you will be responsible for paying (your portion of) the monthly premium(s). Your cost will be \$\_\_\_\_ a month. State or federal laws may have additional, more stringent or specific requirements with respect to continuation of health insurance during a leave of absence.

We will make reasonable efforts to return you to the same or similar job you held prior to the leave of absence, subject to our staffing and business requirements. State and/or federal law may have additional, more stringent or specific requirements with respect to reinstatement. Please also refer to the applicable leave policy(ies) in your employee handbook for additional information regarding reinstatement.

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_