



Leave of Absence Request

Date: _____

Name: _____ Telephone Number: _____

Address: _____ Cell Phone Number: _____

Department: _____ PTO Balance _____ As of request date**

EIB Balance _____ As of request date**

Requested Start Date: _____ Requested End Date: _____

Approved Start Date: _____ Approved End Date: _____

Please state reason for requested Leave of Absence of up to 30 days:

Education: _____

Extended Illness other than FML: _____

Special or Personal (please explain): _____

Family Medical Leave : State Reason _____

*Documentation for leave will be required, such as, education class enrollment, medical documentation, military leave orders, etc. Documentation must be provided with the request. For medical leave please provide documentation explaining the need for the leave from your medical provider.

Employees returning from a Leave will be reinstated to their same job or to an equivalent job with equivalent status and pay, whenever possible. Employees returning from sick leave must provide certification of their ability to perform the essential functions of their job. Employees returning from Military leave must also comply with all reinstatement requirements specified by Federal Law. Employees are required to use all accrued sick leave and/or discretionary leave before they take unpaid leave.**

If at the time of leave you **do not have enough PTO or EIB to cover it, the time off may be denied; except for FML time off.

Employees on Personal leave (not covered by FMLA) are required to pay for their own medical/dental premiums while on leave. Employees will need to make arrangements with Human Resources to pay for all benefits while on leave.

Employee's Signature: _____

Manager's Approval: _____

HR Director's Approval: _____

C.E.O.'s Approval: _____

HR use only: Employee Monthly cost is: _____

Please check which benefits apply to the above monthly cost:

Medical Insurance /self Medical Insurance/dependent

Dental Insurance/self Dental Insurance/dependent

Aflac Pacific Source Life Insurance

457 put on hold? yes no

Letter to employee with amounts owed? yes no