

Request Form for Unprotected Leave of Absence

Employee: _____ Date: _____

Job Title: _____ Supervisor _____

SSN #: _____

Submit this request form to your supervisor at least 30 day before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as early as is practicable. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law. Employer reserves the right to terminate an employee while on leave due to business hardships.

I am requesting leave for the following reason:

DATES OF LEAVE REQUESTED:

I request leave from _____ to _____

I request a reduced schedule leave according to the following schedule:

The total number of days of leave that I request is _____.

Do you wish to use Vacation, Sick, or PTO while on unprotected LOA? Yes No

If YES, how would you like your time disbursed?

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor immediately. I understand that notifying my supervisor does not guarantee the continuation of my leave. I understand that my benefits will continue during my leave and that I will arrange to pay my share of applicable premiums. I also understand that failure to pay my premiums on time can and will result in the cancellation of my benefits.

Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES

Prior leave requests confirmed: _____

Leave is Approved

Denied for the following reason(s): _____

Request approved /denied by: _____

Date: _____