

APPLICATION - LEAVE OF ABSENCE

Name: _____	Employee Date of Hire: _____
Position: _____	Department: _____

During my leave, I can be reached at:	
_____	_____
<i>(Address)</i>	<i>(Home Phone)</i>
_____	_____
<i>(City, State, Zip)</i>	<i>(Cell Phone)</i>
_____	_____
<i>(E-mail – not work - Address)</i>	<i>(Preferred Method of Contact)</i>

Reason for Leave: ☐ Medical/Pregnancy – Self ☐ Medical – Immediate Family
☐ Birth/Adoption of child/Baby bonding ☐ Personal/Non-medical

Expected Beginning of Leave: _____
(Month/Day/Year)

Expected End of Leave: _____
(Month/Day/Year)

Expected Return to Work: _____
(Month/Day/Year)

Leave will be: ☐ Continuous
☐ Intermittent (please explain)

I understand the following regarding my leave:

- I am required to provide timely medical certification for my medical leave, and notify *(company rep)* _____ and provide additional medical certification should it be necessary to extend the leave.
- Any remaining vacation/PTO* leave may/will be used during the leave and that I may request to use any accrued and unused sick leave during the leave.
- Accrual of any benefits will stop during any unpaid portion of my absence.

Please refer to the Company Leave Policies of the employee handbook for more information.

Employee's Signature _____ Date (Month/Day/Year) _____

Authorized Signature _____ Date Received (Month/Day/Year) _____

Distribution: Original to Employee Personnel File, Copy to Employee

**If you use PTO to comply with any mandatory paid sick leave law, you may not require the use of PTO.*