# **LEAVE OF ABSENCE REQUEST**

| Name: | Date: | |
| --- | --- | --- |
| Job Title: | Department (list ***all houses*** worked at): | |
| Best Way to Contact You During Leave (phone, email, etc.): | | |
| Email Address (if same as above, write ‘Same’): | | Country visiting (if outside U.S.): |
| Regular Work Schedule (for example: 7:00am – 3:00pm):  Sun: Mon: Tue: Wed: Thur: Fri: Sat: | | |

# **TYPE OF LEAVE**

❒ Employee Medical (includes FMLA, L&I, and Maternity) ❒ Military (attach copy of orders)

❒ Family Medical (includes FMLA) ❒ Personal ❒ Other

I request a leave of absence from to for the purpose of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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All leave of absences are unpaid. You are required to use your paid time off (PTO), except for the following:

FMLA: While you are not required to use your PTO, we will use your available sick, vacation and/or personal days, concurrent with the leave, unless designated differently below (indicate eligible accruals you would like to use):

\_\_\_ sick \_\_\_ vacation \_\_\_ personal days \_\_\_other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Medical documentation is required for any medical or family medical leave of absence, which exceeds three (3) days in duration.*

I understand that if I fail to return to work at the expiration of my approved leave without notification to the company, I will be considered to have voluntarily resigned.

Employee Signature Date

Approved by Date

Approved by Date

**HR Use Only:**

□ LOA Spreadsheet □ email to Supervisor