

# Leave of Absence Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Employee SS# \_\_\_\_\_

Status (check one) ( ) Exempt ( ) Non-Exempt ( ) Full-Time ( ) Part-Time

Employer: \_\_\_\_\_

Department: \_\_\_\_\_ Hire Date \_\_\_\_\_

---

*Employee Statement: (To be completed by the employee)*

I, \_\_\_\_\_, request a leave of absence to begin \_\_\_\_\_ and to end \_\_\_\_\_ for the following reason: (check one)

---

FMLA (Please indicate type of FMLA leave)

Self       Spouse       Child       Parent

Other (please specify) \_\_\_\_\_

Military

Other \_\_\_\_\_

I have read and fully understand the information contained on this Leave of Absence Application.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

**Extension Request:**

I, \_\_\_\_\_, am currently on a (check one)

FMLA (Please indicate type of FMLA leave)

Self       Spouse       Child       Parent

Other (please specify) \_\_\_\_\_

Military

Other \_\_\_\_\_

leave of absence which began on \_\_\_\_\_. I would like to request an extension to be continued from \_\_\_\_\_ and to end on \_\_\_\_\_.

Reason for extension \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

**Approval:**

Leave approved: \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Leave approved: \_\_\_\_\_ Administration \_\_\_\_\_ Date \_\_\_\_\_

---

## Leave of Absence Condition:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee SS# \_\_\_\_\_

Status (check one) ( ) Exempt ( ) Non-Exempt ( ) Full-Time ( ) Part-Time

Department: \_\_\_\_\_ Hire Date \_\_\_\_\_

Last day worked \_\_\_\_\_ Return to work date \_\_\_\_\_

### Type of Leave:

FMLA (Please indicate type of FMLA leave)

Self       Spouse       Child       Parent

Other (please specify) \_\_\_\_\_

Military

Other \_\_\_\_\_

**Type of Pay Used:**  Paid Leave \_\_\_\_\_ days

Short Term Sick Leave \_\_\_\_\_ days     Extended Sick Leave \_\_\_\_\_ days

### Benefits:

HCAP Premium      \$ \_\_\_\_\_ per month

AFLAC      \$ \_\_\_\_\_ per month

Retirement      \$ \_\_\_\_\_ per month

Life Insurance      \$ \_\_\_\_\_ per month

AD&D      \$ \_\_\_\_\_ per month

Pre-Paid Legal      \$ \_\_\_\_\_ per month

Other      \$ \_\_\_\_\_ per month

Total insurance or premium due per month \$ \_\_\_\_\_

15 day notice given for late payments

- Explain details to pay premium

- Employee required to furnish medical certification
- All leaves of absence must be approved in advance by Human Resources
- Employee required to present a doctor's release before returning to work with stated restrictions
- Failure to return from a Leave of Absence on the agreed upon date without an approved extension will result in termination for job abandonment
- All employees returning from a Leave of Absence must contact their Supervisor at least one week in advance of the projected return date
- If the dates requested change, (including an extension) a new Leave of Absence application must be submitted for re-approval
- Under no conditions will a Leave of Absence through multiple extensions exceed one year
- Employees are not eligible for bereavement or holiday pay while on a leave of absence.