

Leave of Absence Request Form

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)

Job Title/ Department

Telephone number where you can be reached while on leave:

ABSENCE INFORMATION

This is a new request.

This is an update to an existing request.

Requested Start Date:

Anticipated Return Date:

TYPE OF LEAVE

Leave of Absence

Intermittent Absence (information required below)

For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please contact eESI at 1.888.465.1171 for more information.

For Employees Own Serious Health Condition (**not work related**)*

To Care for Ill Parent, Spouse, Child or Domestic Partner*

*** For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.**

A completed Medical Certification form is attached.

I will submit a Medical Certification form within 15 days.

Workplace Injury / Worker's Compensation (contact eESI at 1.888.465.1171 for more information)

Military Leave: Active Duty or Military Caregiver (contact eESI for more information)

Personal Leave (Non-Medical Reason)

LEAVE OF ABSENCE CATEGORIES

A leave of absence may consist of leave without pay and/or paid leave (vacation, PTO, sick leave). Paid leave may be used in accordance with applicable policy/contracts. I request to use the following leave categories:

Type	Number of Hours	Dates: From	Through
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Paid Time Off (PTO)	_____	_____	_____
Leave w/o Pay	_____	_____	_____

I have verified that I have sufficient accrued leave to take the above requested paid leave.

I hereby request a leave of absence from work as indicated above and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with my employer's policy and procedure for requesting and returning from a leave of absence and provide documentation, including medical certification, if required. I further understand that I may be responsible for the cost of my insurance benefits and that it is my responsibility to contact the eESI benefits department to make arrangements for premium coverage, if applicable.

Employee Signature: _____

Date: _____

FOR COMPANY USE ONLY

Supervisors please submit this completed form to your eESI HR Specialist.

Company has approved the above request for Leave of Absence beginning _____ through _____.

Authorized Company Signature: _____

Date: _____

