



Leave(s) of Absence Request

Date: _____

To: HUMAN RESOURCES – BENEFITS

Name: _____

Department: _____

Subject: LOA Request

Supervisor: _____

Begin Date: _____

Estimated Return to Work Date: _____

I am requesting a Leave of Absence for the following reasons:

- Medical Leave {**Non FMLA Eligible**} {**Attach Physician Statement**}
- Personal Leave {Policy 404} {**Attach Written Explanation of why Leave is needed**}
- Military Leave {Policy 407- **first 18 days paid**} check one: **Use vacation** **unpaid**
- Court/Jury Duty {Policy 411} leave is paid, documentation must be provided
- Bereavement Leave {Policy 410} first 5 days may be paid using sick leave for immediate family with supervisor’s approval; check one: **Use sick** **vacation** **unpaid**

As a courtesy, and **if applicable**, based on the type of LOA request, you will be extended the option to continue your current group insurance benefits on an after-tax basis at the **current employee contribution rates**. You will be set up on a direct billing system to maintain your coverage and you will be required to mail in your payments. If payments are not made timely, your coverage may be cancelled.

Documentation may be required before leave will be approved.

Employee Signature

Date

Supervisor

Date

Benefits Manager

Date

AVP, HR (for Personal Leaves only)

Date

For HR Use Only:
Reason this is a Non-FMLA Leave: _____