

## Leave of Absence Application

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

Address: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Employee SS#: \_\_\_\_\_

**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  Personal Medical  Military

Other \_\_\_\_\_

All medical related absences require doctor verification (30 days in advance)

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

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

Leave approved: \_\_\_\_\_ Human Resource Director \_\_\_\_\_ Date \_\_\_\_\_

Leave approved: \_\_\_\_\_ Executive Director \_\_\_\_\_ Date \_\_\_\_\_

**Leave of Absence Condition:** (To be completed by Human Resource Director)

1. Last day worked \_\_\_\_\_ return to work date \_\_\_\_\_
2. Pay: Sick \_\_\_\_\_ hours Floating \_\_\_\_\_ hours Vacation \_\_\_\_\_ hours
3. Employees are not eligible for holiday pay after all leave has been exhausted.
4. All leaves of absence must be approved in advance by your Supervisor and Human Resource Director.
5. Failure to return from a Leave of Absence on the agreed upon date will result in termination for job abandonment.
6. Under no conditions will a Leave of Absence exceed one year.
7. All employees returning from a Leave of Absence must contact their Supervisor/Manager at least one week in advance of the projected return date. (This is a requirement to comply with ADA.)
8. If the dates requested change, a new Leave of Absence application must be submitted for re-approval.