

Request for Leave of Absence – Form

Requesting for a Leave of Absence

Employees must complete Request for Leave form with supervisor's signature and submit it to HR, Leaves can be granted for up to 90 days, except in the case of FMLA, the granting of any Leave of Absence is subject to the approval of an administrator. If an employee requires more than 90 days, employee must resign.

I, _____ Employee # _____ am requesting _____ (days/months) of Leave of Absence.

The leave of absence will begin on _____
(Date)

And I expect to return on _____
(Date)

1. Do you have Benefits? (Circle one): Yes No

*If yes-how will you cover your premiums? _____

2. Are you a Team Lead? (Circle one): Yes No

*If yes-where? _____

3. If my Leave of Absence goes over 90 days, I resign my position from Upreach/LNE. I will be brought back at my rate of pay I left at. Excluding, if I am a lead and I lose my Lead position.

4. Pay Advances must be paid in full before a LOA exceeding 90 days.

*Do you have a Pay Advance? (Circle one): Yes No. If yes, what is your balance? _____

*Upon resignation my balance due must be paid in full prior to my last day of work.

Employee's Signature: _____ Date: _____

Employee print name: _____

Program Manager's signature: _____ Date: _____

Scheduling Manager's signature: _____ Date: _____

HR Signature: _____ Date: _____

*If I am in the FWW, I understand by signing this that all Leave of Absence of more than 14 days will mean I will be termed from the FWW and changed to hourly. I must resign for the FWW when I return.

*I have read the Leave of Absence policy and have notified my supervisor, HR and the Scheduling department of my leave

*If I have health care benefits through Upreach, I am responsible for all my premiums/payments

cc:
Human resources
Scheduling/Billing Departments
Supervisor