Leave Request Form

This form should **NOT** be used for FMLA Leave.

TO BE COMPLETED BY TEAM MEMBER

Team Member Name:	ID Number:
Address:	Phone Number:
Title:	Supervisor:
Status <i>(select one):</i> □ Full-time □ Part-time	Date of Hire:
I hereby request a leave of absence beginning on	and ending on
I am requesting this leave of absence for the following reason: Personal Leave (Non-Medical) Medical Leave Non-occupational Illness, Injury, or Pregnancy-related Disability Workers' Compensation	
Reason (optional):	
Team Member Signature:	Date:
TO BE COMPLETED BY EMPLOYER	
If a request for leave is for an FMLA-qualifying reason, team mem Family/Medical Leave Under the FMLA.	bers should also complete the Request for
☐ Leave Approved	☐ Leave Denied
Reason:	
Expected Return-to-Work Date:	
Leave is (select one):	
Team Member $\ \square$ is $\ \square$ is not required to exhaust all accrued PTO in accordance with company policy and where permitted by state/federal law, before taking leave.	
To the extent allowed by the insurance contract, health benefits will:	
The organization cannot guarantee that we will be able to return you to the same or similar position you held prior to the leave of absence. We will make reasonable efforts to do so, but in the event that the position is no longer available, we will provide you with the opportunity to pick up one of our available positions at the time of your return.	
Administrative Signature	Date: