

**UNPAID PERSONAL LEAVE OF ABSENCE**

Employee Name                                 SS#   Company

Home Phone #:   Home Address:

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location/Department

1. Leave must be requested for any paid or unpaid absence as defined in the Personal Leave of Absence and Paid Time Off policies.
2. Leave may be granted for up to forty-five (45) days. Paid Time Off (PTO) hours must be used, if accrued.
3. Requests should be submitted in advance according to time frames outlined in the Personal Leave of Absence Policy to the employee’s immediate manager. The immediate manager will partner with the appropriate area Vice President for approval at the department level. If approved by the Department leaders, immediate manager will submit to Talent Management and President and CEO for approval or disapproval before leave commences.

**I am requesting a Personal Leave of Absence on dates and for reasons indicated below:**

**Start Date: End Date:**

**Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check one box below:

🖵 I am not eligible for FMLA and do not have available PTO to use.

🖵 I am not eligible to use PTO, because I am in my 90-day probationary period.

🖵 I do not have any PTO balance at the time of request.

🖵 I do not have enough PTO to cover the duration of the leave requested. *If this box was checked, please state the PTO balance at the time of request here* \_\_\_\_\_\_\_\_\_\_\_.

*I have been informed of my obligations, the impact of my leave of absence on benefits, reinstatement information and the requirements in connection with this approved leave of absence. I understand I am responsible for notifying my manager of my intent to return, seek an extension, or resign, three weeks prior to the above expiration. I understand I am responsible for communicating any other changes with Talent Management and my manager while on leave of absence.*

Employee Signature Date Manager Signature Date

Reviewed by\_\_\_\_\_\_\_\_\_\_\_

VP, Talent Management Signature Date

Reviewed by

President/CEO Date

⎕ Approved ⎕ Not approved

If not approved, reason why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_