

Personal Leave of Absence Request Form (NON-FMLA LEAVE)

I, _____,

hereby request a leave of absence effective _____

for the following reason: _____

I have been advised that my leave of absence will be without pay, however I may be required by company policy to use any available paid time off, vacation, sick or other company provided paid time during my leave. I plan to return by _____. (Please see Personal Leave Policy concerning the amount of leave that may be allotted and use of paid time off requirements.)

If this leave is due to a medical condition, I understand that I will be required to submit a Fitness for Duty Form completed by my physician prior to my return from leave.

During this leave of absence, the company agrees to continue sponsoring my benefits. If applicable, I agree to reimburse the employer per the Personal Leave Policy for my share of the premiums paid on my behalf. (Please see Personal Leave Policy for payment of premium requirements). I understand that if I do not pay my share of the premiums, the company reserves the right to collect them from me.

I have been advised and understand that if I am unable to return to work by _____, the Company has the right in its sole discretion not to hold my job open until my return and I may either be re-employed in a different position or may lose the opportunity to continue my employment in any position if no replacement job is available or is not offered. There is no guarantee that a position will be available upon my return. If my employment is terminated, I may become COBRA eligible the first of the month following the termination, provided that my employer's health plan is required by law to provide me this benefit. I also understand that the company may consider an extension of my leave as a reasonable accommodation under the Americans with Disabilities Act, if my medical condition is covered under this act.

No other representations or promises regarding continued employment or job security have been made to me, as I am an AT WILL employee, free to resign at any time and capable of being terminated at any time with or without cause. I acknowledge that if I breach any of the representations contained hereinabove, or if my leave request is granted, but the purpose or nature of the leave was misstated, the company may discipline me up to or including immediate discharge.

Signature

Date

EMPLOYER AUTHORIZATION

Request Approved:

Request Denied: (Specify Reason)

By: _____

Title: _____

Department: _____

Comments:
