



Leave Request Form

Employee: Please complete the top section

Employee: _____ Personal Phone: _____ Personal Email: _____

Home Mailing Address & Phone: _____

Department: _____ Title: _____

Please check reason for leave of absence:

- Own serious health condition (not work related)
Care for newborn/placed child
Pregnancy Disability
Care for Parent/Spouse/Domestic Partner/Child w/ Health Condition
Work-Related Injury
Military Leave
Care for Family Servicemember

Requested Start Date: _____ Return Date: _____

Intermittent or reduced work schedule (describe):

I understand that I have the option of using my Sick and PTO Hours. Please select which type of leave you plan to take and how much Sick and PTO hours you want to use:

Table with 4 columns: Leave, Length, Sick Hours, PTO Hours. Rows include Family Medical Leave, WC/FMLA, WPFML, PDL, CFRA, PFL, and Personal.

*Concurrent with FMLA

I understand that not using sick/PTO time while out on leave may result in a reduction in ESOP shares.

Employee Name: _____

Employee Signature: _____ Date: _____



Designation of Leave

Manager: Please Complete

Initial application? _____ Revision? (Describe) _____

- Your leave is provisionally approved – pending medical verification.
- Your leave is approved.
- Your leave is denied for the following reason(s): _____

From	Through
_____	_____
_____	_____

Confirmation of status during leave:

- PTO From Date: _____ To Date: _____
- Sick From Date: _____ To Date: _____

Manager's Name: _____

Manager's Signature: _____ Date: _____