

LEAVE APPLICATION FORM

Date: _____

(Employee's Name)

(Employee's Social Security Number)

I _____, am hereby requesting a leave of absence due to the following:

(Setout in detail the reason for the leave request) _____

During my leave I can be contacted at: _____

My treating physician's name and number is: _____

I am requesting a leave of absence beginning on _____ and expect my need for leave to continue until, on or about _____.

----- **DO NOT MARK BELOW THIS LINE – FOR H. R. DEPARTMENT ONLY** -----

I have read the following, as marked by the Human Resource Department, and understand and accept the terms and conditions of any leave granted in this form and as otherwise provided for in the Company's Leave of Absence Policy:

1. I have been approved denied for leave under The Company's Leave of Absence Policy. The approval of leave is not a promise or guarantee of job protection.
2. I will will not be required to furnish medical certification of a serious health condition. If required, I agree to furnish certification by _____ (date) and that failure to provide such may be grounds for the retroactive denial of my leave or may delay the commencement of my leave until the certification is submitted.
3. I understand that I have _____ hours of accrued benefits available and that I am required to substitute my accrued benefit hours and vacation time for unpaid leave.
 I understand that I have no hours of accrued benefits available; therefore, any leave will be unpaid.

4(a). I understand that I must pay my portion of the health insurance premium to keep the insurance in force during my leave and that these payments totaling \$ _____ must be made by the ____ of each month. Payments for other insurance benefits I wish to maintain are due at the same time as the health premiums. I understand that I have a 30-day grace period in which to make payment and that if payment is not made timely, my group health insurance, and other insurance may be canceled, or, at the company's option, will be paid by the company during my leave, and that I will repay these payments via payroll deductions upon my return to work.

4 (b). The Company will will not pay my share of the premiums for my health insurance or any other insurance coverage while I am on leave, and if applicable I will repay any such payments via payroll deductions upon my return to work.

5. I understand that I will will not be required to present a fitness-for-duty certificate prior to being restored to employment.

6. I understand that I will will not be required to furnish the company with periodic reports on my status and intent to return to work every __ days while on leave of absence.

7. NOTATIONS: _____

Employee

Human Resource Department