**Leave of Absence Request form - non FMLA/OFLA related**

**\*Ensure your policies permit a leave of absence and be sure to follow it and modify the language in this document accordingly.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date leave begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected date of return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leave (non FMLA/OFLA/medical):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits**

I understand that I must contribute $ \_\_\_\_\_\_\_\_\_\_\_, (the full monthly premiums, etc.] in advance in order to retain my \_\_\_\_\_\_\_\_\_\_coverage and \_\_\_\_\_\_\_\_\_\_ insurance during my leave of absence.

I hereby elect to:

* Continue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance(s)
* Discontinue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance(s)

I understand that if I wish to extend my leave of absence, I must do so in writing and an extension is not guaranteed. I understand that I must notify the **[DESIGNATE POSITION]** two weeks in advance of my return date arrange a return to work schedule and to see if a position is available, as applicable.

**If I have not requested and been approved for and extension of this leave of absence, and I fail to return to work upon my expected date of return, I understand that I will be considered to have voluntarily resigned.**

Employee Signature Date

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

\_\_\_\_\_ LEAVE APPROVED \_\_\_\_\_LEAVE NOT APPROVED

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

**Copy to employee and HR**