

Company_Name

LEAVE OF ABSENCE / BENEFIT CONTINUATION

Name _____ Date _____

Department _____ Empl. ID # _____

Address During Leave _____ Position No. _____

Telephone _____

Reason For Leave _____

For Leave of Absence, attach Manager's letter of approval.

Type Of Leave: Work-related Injury Medical Sabbatical Professional/Educational Family Personal

	<u>Annual Rate</u>	<u>From</u>	<u>To</u>	<u>Leave Status</u>
Paid (Sabbatical)				
<input type="checkbox"/> Full Pay	_____	_____	_____	_____
<input type="checkbox"/> Half Pay	_____	_____	_____	_____
<input type="checkbox"/> Other Pay	_____	_____	_____	_____

Eligible For

Paid Benefit Time _____ Days or Hours _____

Paid Short Term Disability _____ Days or Hours _____

Unpaid (Includes Workers' Compensation) _____

Charge to (if different from regular labor distribution)

<u>From</u>	<u>To</u>	<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Program</u>	<u>%</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

It is my understanding that this leave of absence, if granted, is governed by applicable company policies and is subject to the following conditions concerning benefits:

- a) Medical leave including pregnancy and work-related injury: Applicants must provide a letter from a doctor stating the need for the leave and its estimated length before a leave can be granted; a letter certifying fitness to return to work must be provided before work can be resumed. The company pays its usual contributions to insurance premiums for a maximum of 12 months.
- b) Family or personal leaves: The company pays its usual contributions to insurance premiums for a maximum of 12 months, inclusive of all leaves.
- c) Sabbatical leaves and unpaid professional/educational leaves: Arrangements to have the company continue benefits during these leaves should be made with the Human Resources Department prior to the leave. During paid leaves, the company continues to pay its usual contributions to benefit programs. The company also pays its usual contributions to insurance premiums for the first 12 months of an unpaid professional/educational leave. Contributions to the Retirement Plan are based on compensation paid by company during the leave.
- d) Being in arrears in paying insurance premiums will result in cancellation of insurance.

- e) Benefit time and holidays do not accrue during an unpaid leave of absence or leaves paid under the short term disability program or Workers' Compensation coverage.

Signature of Applicant/Authorized Representative DD-MON-YR

Recommended by: Supervisor DD-MON-YR **Approved by: Mgr/Vice President** DD-MON-YR

Recommended by: Department Mgr/Director DD-MON-YR **Reviewed by: Human Resources** DD-MON-YR