

Leave of Absence Request Form

Today's Date: _____

Employee/Company Information

Employee Name: _____ **Employee ID Number:** _____

Company & Dept: _____

During my absence, I can be reached at: _____ () - _____

Address _____ **City** _____ **State** _____ **Zip Code** _____ **Phone Number** [mobile / home] circle one

Email: _____

Absence Information

Type of Absence Requested:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Medical-Self
[Sick/Injured, non-work related] | <input type="checkbox"/> Maternity (Birth of a Child) | <input type="checkbox"/> Worker's Comp
[injury – work related] | <input type="checkbox"/> Care for Military Service Member [Employee believes this absence may qualify for Family Medical Leave (FMLA)] |
| <input type="checkbox"/> Medical – Care for a Family Member
Relationship to Family Member:
_____ | <input type="checkbox"/> Adoption

<input type="checkbox"/> Parental Leave | <input type="checkbox"/> Kin Care
[Employee believes this absence may qualify for Family Medical Leave (FMLA)] | <input type="checkbox"/> Military Spouse Leave
[Attach documentation that your spouse is on leave from military deployment] |
| <input type="checkbox"/> Other Reason for Absence [do not provide medical facts/details]:

_____ | <input type="checkbox"/> Bereavement:
Relationship to deceased: _____ | | |

Dates of Absence

Leave Expected Begin Date: _____ **Anticipated End Date:** _____
Please enter an anticipated end date, do not leave blank.

Leave will be:
 Continuous OR **Intermittent**
 If requesting intermittent leave, please explain the frequency & duration: _____

Employee's Acknowledgement

Employee Signature

Date

I understand that I am required to effectively communicate and provide the Company and its insurance providers—The Hartford, if applicable, any information and documentation requested to support this leave request pursuant to local, state and/or federal laws. I understand that my failure to do so may result in delay and/or denial of my leave request. **I understand that in addition to completing this form, I must report my leave of absence request to The Hartford and if I have any questions, I can contact The Hartford directly at 1-800-549-6514 weekdays from 8am-9pm ET and reference Policy #342283.** I also understand that I may refer to the Leave of Absence Manual or my HR Representative for information regarding the Company's leave policies.

Human Resources Department

Comments: _____

Human Resources (HR) Representative Signature

Print HR's Name

Date

Return completed form to your local HR or to Benefits at: benefits.sharedservices@lionresources.com