

Leave of Absence Request Form

Employee & Company Information

Employee name _____ Employee ID number _____
 Company _____ Department _____

Expected absence days

Start date _____ End date _____
 continuous -or- intermittent

**During my absence,
I can be reached at**

Email _____
 Phone _____
 Address _____

If requesting intermittent leave, explain the frequency & duration: _____

Type of Absence Requested

- | | | | |
|---|---|--|--|
| Medical: Self
<i>Sick/Injured: non-work related</i> | Maternity/Paternity
<i>Birth of a child</i> | Worker's Comp
<i>Injured: work related</i> | Care for Military Service Member
<i>You believe this absence may qualify for Family Medical Leave (FMLA)</i> |
| Medical: Care for a Family Member
<i>Your relationship to family member:</i>
_____ | Adoption | Kin Care
<i>You believe this absence may qualify for Family Medical Leave (FMLA)</i> | Military Spouse Leave
<i>Attach documentation that your spouse is on leave from military deployment</i> |
| Bereavement
<i>Relationship to deceased:</i>
_____ | Parental Leave | Other Reason for Absence:

<i>do not provide medical information</i> | |

Employee Acknowledgement

- I understand that I am required to effectively and timely communicate and provide the Company—and its insurance provider: 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 file a claim to The Hartford for my leave of absence.** If I have any questions, I can contact The Hartford directly at 1-888-277-4767 weekdays from 8am - 9pm ET and reference Policy #342283.
 - [Click here for how to start a claim with The Hartford](#)
- I also understand that I may refer to the [Leave of Absence Manual \(Manual for California employees\)](#), my company's policies or my HR representative for information regarding the Company's leave policies.

Signature _____ Date _____

For HR Department to Complete

Comments _____
 Signature _____ Date _____