

# 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

- |                                                                                                 |                                                       |                                                                                                                |                                                                                                                                        |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical: Self</b><br><i>Sick/Injured: non-work related</i>                                   | <b>Maternity/Paternity</b><br><i>Birth of a child</i> | <b>Worker's Comp</b><br><i>Injured: work related</i>                                                           | <b>Care for Military Service Member</b><br><i>You believe this absence may qualify for <a href="#">Family Medical Leave (FMLA)</a></i> |
| <b>Medical: Care for a Family Member</b><br><i>Your relationship to family member:</i><br>_____ | <b>Adoption</b>                                       | <b>Kin Care</b><br><i>You believe this absence may qualify for <a href="#">Family Medical Leave (FMLA)</a></i> | <b>Military Spouse Leave</b><br><i>Attach documentation that your spouse is on leave from military deployment</i>                      |
| <b>Bereavement</b><br><i>Relationship to deceased:</i><br>_____                                 | <b>Parental Leave</b>                                 | <b>Other Reason for Absence:</b><br>_____<br><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 1-800-549-6514 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 \_\_\_\_\_