



LEAVE REQUEST FORM

Employee's Name: _____

Date: _____

I request a leave of absence for the following reason:

- _____ Vacation
- _____ Paid Time Off (PTO)
- _____ Sick
- _____ Personal Leave
- _____ Bereavement
- _____ Military Duty
- _____ Jury Duty
- _____ Subpoenaed as Witness
- _____ Non-Workman's Comp / Non-FMLA Medical Leave (up to 30 days)
- _____ Other _____

I would like the leave to begin on: ___/___/___

I would like to return to work on: ___/___/___

IMPORTANT

For a Non-Workman's Compensation / Non-FMLA Medical leave the employee is responsible for sending their portion of the insurance premium to their worksite supervisor while on leave. If the employee does not send in their portion of the insurance premium, the premium would then be deducted from their check upon their return to work.

I understand that if I do not return to work following a Non-Workman's Compensation / Non-FMLA Medical leave, I will be responsible to reimburse my worksite employer any and all insurance premiums paid on my behalf while on leave. I agree to allow Servant HR to deduct these premiums due directly from my paycheck and credit my worksite employer.

Employee's Signature: _____

Date: _____

For Office Use Only

Approved: _____

Denied: _____

Date of Approval: _____

Date of Denial: _____

Reason for Denial: _____

Supervisor's Signature: _____

Date: _____