Please email this form to LOA@EnsignServices.net or fax to (949) 557-8825. Requests for Leave should be submitted at least 30 days in advance of your time off, unless the need is unforeseeable; then it needs to be submitted as soon as possible.

LEAVE OF ABSENCE REQUEST FORM

Employer: _____

Employee Name: _____

Employee ID: _____ Job Title: _____

Start Date of Leave: _____ Expected Return Date: _____
(best estimate)

Reason for leave:

☐ Maternity / Baby Bonding Baby's Expected Due Date or Birth Date: _____

☐ Provide Care for a Family Member

Family Member Name: _____

Relationship: _____

If Child, indicate Date of Birth: _____

☐ My Own Serious Illness or Injury ☐ My Personal Need (provide more detail below)

Additional Detail: _____

_____

Time off is expected to be (select the most appropriate box):

☐ A continuous block of time (continuous days, weeks or months of work)

☐ A reduced work schedule (fewer hours per day or fewer hours per week)

☐ On an intermittent basis (time off that is not expected to be the same days or times from week to week; examples may be time off for flare-ups of a medical condition or for medical treatment)

By signing below, I understand that:

All leave requests must be supported by appropriate documentation (for example, a health care provider's certification). I agree to comply with all company policies and submit timely and accurate documentation.

If I am currently enrolled in employer-sponsored benefits and I continue them while on leave, it is my responsibility to pay the portion of the premium owed by me. The company may withhold my premiums from my accrued sick and vacation time but, if I have insufficient sick or vacation time to cover my premiums, then I am personally responsible to send payment for those premiums. I understand that my failure to make premium payments will result in my coverage being terminated.

I am required to use my accrued sick time while on leave if the leave is for a purpose covered by sick time.

Unless this leave falls under federal or state protected leave regulations, my employer is not required to hold my job open until my return.

_____ _____

Employee's Signature Date