

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. **Please email this form to LOA@EnsignServices.net or fax to (480) 781-4275**



LEAVE OF ABSENCE REQUEST FORM

Employer: _____

Employee Name: _____ Employee ID: _____

Personal Email Address: _____ Phone: _____

Home Address: _____

Start Date of Leave: _____ **Expected Return Date:** _____

How would you like to receive your LOA packet?

Reason for leave:

Own Serious Illness or Injury Work Related Yes or No

Care for a Family Member Relationship: _____ Family Member Name: _____

Pregnancy/Birth Estimated Due Date: _____

Bonding Child's Date of Birth or Adoption Date: _____

Personal Need (provide more detail) _____

Military Military Caregiver (service member with serious illness or injury) Qualifying Exigency (spouse, son, daughter or parent is a service member on active covered duty)
Suspension Paid or Not Paid

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

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

Once you submit this request via email or fax, you will receive a Leave of Absence (LOA) packet outlining the next steps. By signing below, I understand and agree to the following:

Please read this section before signing

Policy & Documentation: I will comply with all company policies and submit timely, accurate documentation (e.g., a healthcare provider's certification) to support my leave request.

Benefit Premiums: I am responsible for paying my portion of any employer-sponsored benefit premiums while on leave.

Payment Methods & Delinquency: The company may deduct these premiums from my accrued sick or vacation time. If my accrued time is insufficient, I must pay directly. Failure to make payments will result in termination of my coverage.

Mandatory Use of Sick Leave: I must use my accrued sick time while on leave if the leave purpose is covered by sick time (except in CO or WA).

Job Protection Awareness: Whether my job is protected while on leave depends on my eligibility under federal, state, or local laws (such as FMLA, or as an ADA disability or PWFA pregnancy accommodation) My Leave of Absence team will conduct an eligibility review and provide me with an official notice detailing my specific protection.

Initiator

Date