

**PERSONAL / COMPANY MEDICAL LEAVE OF ABSENCE
APPLICATION FORM
(NON-FMLA)**

Section A - TO BE COMPLETED BY EMPLOYEE			
Employee Name (First, MI, Last)		Branch	
Phone Number Home: ()		Work: ()	
Employee's Home Street Address		City	State
			Zip
Leave Request: dates		Last Day Worked:	Type of Leave:
From / / to / /		/ /	<input type="checkbox"/> Personal
			<input type="checkbox"/> Company Medical (Non-FMLA)
Reason for Employee Leave: (If leave is for a family member, explain the care you will provide)			

Please read the following statements. Your signature below will serve as confirmation that you have read and understand these guidelines.			
<ul style="list-style-type: none"> • A Personal Leave of Absence must be at least seven (7) calendar days up to a maximum of six (6) weeks. • I have read my employer's policies specific to leaves of absence and understand my leave will be unpaid. • I understand I have 15 days to submit Personal Leave forms for review. • I understand my failure to complete any of the required forms within the specified timeframes above may result in the denial of my leave and discontinuation of pay. • I understand a Return to Work Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to Corporate (Corinna Sorvillo) prior to my return to active work. • I understand failure to return to work or to keep my employer and Corporate informed of my return to work may constitute a voluntary resignation of employment (commonly referred to as "job abandonment") and may lead to the end of my employment with Company. • I hereby authorize my employer's designee to contact me or my family member's treating health care provider to clarify or authenticate the medical certification if applicable. 			
EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)			DATE (e.g. MM/DD/YYYY)
_____			_____
CONTACT CENTER MANAGER SIGNATURE (Required for all Leave Requests)			DATE (e.g. MM/DD/YYYY)
_____			_____
HUMAN RESOURCES SIGNATURE (Must Sign to Proceed with Leave Request)			DATE (e.g. MM/DD/YYYY)
<input type="checkbox"/> Approved _____			_____
<input type="checkbox"/> Denied - Reason: _____			_____

**Return to:
Human Resources Department**