REQUEST FOR LEAVE OF ABSENCE

Employee Name: _____
(Last) (First) (MI)

SSN #: _____

Client #: _____

Anticipated Leave Date: _____ / _____ / _____ **Scheduled Return Date:** _____ / _____ / _____

Reason for absence:

- □ Family Medical Leave (***select an option below***)
- □ Workers' Compensation
- □ Other
- □ Vacation / Personal Leave
- □ Medical

If FMLA:

- □ To care for employee's child after birth or placement for adoption or foster care
- □ To care for employee's spouse, son or daughter, or parent who has a serious health condition
- □ Employee's own serious health condition which makes them unable to perform their job duties

Will the employee be paid during the period of absence?

- □ Yes, indefinitely
- □ Yes, for a period of time not to exceed _____ day(s)
- □ No, discontinue paychecks for this employee as of _____ / _____ / _____

Is the employee enrolled in the insurance program and not being paid during the period of absence?

□ Yes □ No

If "Yes", does the company agree to pay the employee's portion for the insurance while the employee is absent?
Note – If FMLA, the client is required by law to continue paying the company's portion of the insurance for the employee.

- □ Yes, indefinitely until the employee returns
- □ Yes, for a period of time not to exceed
- □ No, discontinue employee insurance deductions on last day of work preceding the absence (not applicable if absence is due to Workers' Compensation)

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

FOR ELITE PAYROLL SOLUTIONS USE ONLY:

Date Form Received: _____ Form Received By: _____

Date Form Processed: _____ Form Processed By: _____