



REQUEST FOR LEAVE OF ABSENCE

HR Confidential Fax (219) 989-3907

Name: _____ Employee ID: _____
 Address: _____ Dept: _____
 _____ Job Title: _____
 _____ Supervisor: _____
 Daytime Phone #: _____

Does your spouse work for this company? Yes No

REASON FOR TAKING LEAVE (Check one)

- To care for my child after birth or placement in adoption or foster care
- To care for my spouse , child , or parent who has a serious health condition
 Age of child (if leave is for child): _____ HR may require proof of family relationship for parent, spouse or child.
- *My own serious health condition makes me unable to perform at least one of the essential functions of my job
- Qualifying Exigency – arising out of deployment of employee’s parent, child, or spouse. Only applicable to call up to duty and not enlistments.
- Covered servicemember with a serious illness/injury

Continuous Leave	
Begin Date	Expected Return Date

Intermittent Leave	
I understand I must designate FMLA as the reason for my call off. If this is not done I understand that I will receive an absence occurrence per the Attendance and Tardiness Policy guidelines.	
Begin Date	Expected Return Date

NOTE: Intermittent or reduced-schedule leave for the birth or placement of a child is subject to the company's approval.

If applicable:

I wish to have my Short Term Disability supplemented with available EIP or grandfathered sick hours: YES NO

If no selection is made short term disability will not be supplemented with available EIP/grandfathered sick hours.

IMPORTANT: If your leave of absence is for your own serious health condition and if you elected short term disability coverage you will be paid 60% of your base pay and the remaining 40% may be supplemented with EIP or grandfathered sick bank hours that you have available *if you so request*. Short term disability may *not* be supplemented with PTO. Short term disability does not begin until the 30th day of your disability. If your leave of absence extends past 89 days, long term disability begins on the 90th day (60% of base pay). Long term disability may not be supplemented. **You must use grandfathered sick bank hours, EIP hours or PTO before beginning long term disability. You must notify human resources as soon as you are certain your leave of absence will be longer than 89 days.**

Employee's Signature: _____ Date: _____
 Supervisor's Signature: _____ Date: _____