

Leave Request Form – Management

EMPLOYEE INFORMATION

Employee Name

Employee ID Number

Location

REASON FOR LEAVE OF ABSENCE (check all that apply)

Family Medical Leave

- Employee Medical Leave/Salary Continuation @ 50%
- Care for Family Member (FMLA)
- NYPA Parental Leave
- Military Leave
- Service Member Care/ Exigency Leave

Paid Family Leave

- Baby Bonding
- Care for Family Member (PFL)
- Service Member Care/ Exigency Leave

Other

- Personal Leave not covered by any other options
- Employee Medical Leave(non-FMLA)

LEAVE TIMEFRAME

1. I am requesting leave be granted for the following period of time:
 Beginning on (date): _____ Ending (date): _____
2. The leave I am requesting will be Consecutive Intermittent
 If intermittent, please provide anticipated schedule (if known)

PAY WHILE ON LEAVE (check all that apply)

Please apply the following option(s):

1. Employee Medical Leave/Salary Continuation at 50%
2. NYPA Parental Leave/Salary Continuation (11 weeks at 100%)
3. Accrued Sick Accrued Vacation Floating Holiday
4. Paid Family Leave benefit only (paid by Absolve upon approval)
5. Subsidize PFL with Sick Subsidize PFL with Vacation Subsidize PFL with Floating Holiday
6. Leave without pay

I understand I am responsible for the cost of my insurance benefits while on a leave of absence and authorize Human Resources to make up insurance premiums upon my return to work.

Signature: _____

Date: _____

HR APPROVAL

Signature: _____

Date: _____