|  |  |
| --- | --- |
| **Name** | **Date** |

|  |
| --- |
| **TO BE COMPLETED BY EMPLOYEE:****Type of Leave**[ ]  **Medical** (attach required certification)If an employee is unable to return to work at the end of medical leave, the employee may be entitled to additional accommodation under the Americans with Disabilities Act or other law. The employee must supply sufficient information from their medical provider indicating that he or she has a covered disability and when the employee will be able to return to work with or without reasonable accommodation. Any accommodation provided must not result in undue hardship to the employer. Potential accommodations will be determined in an interactive process between the employee and the Company. [ ]  **Personal**Because of the nature of our business, we may not be able to hold your position open during your leave. In the event your job is filled, you will be considered along with other candidates for any vacant position for which you are qualified. There is no job guarantee.I request approval of a Leave of Absence from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ for the purpose of (please state reason below):I understand that prior to any leave; I must make arrangements to continue insurance coverage, if I am eligible. Please see Human Resources concerning insurance arrangements.**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **TO BE COMPLETED BY MANAGEMENT****Notes:** (job restoration, maximum length, insurance, benefit accrual (PTO), service, review date, etc.)**Manager Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HR Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Disapproved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |