

Leave Request Form – IBEW

EMPLOYEE INFORMATION	
Employee Name	
Employee ID Number	Location
REASON FOR LEAVE OF ABSENCE (check all that apply)	
<p>Family Medical Leave</p> <p><input type="checkbox"/> Employee Medical Leave/Short Term Disability</p> <p><input type="checkbox"/> Care for Family Member (FMLA)</p> <p><input type="checkbox"/> Baby Bonding</p> <p><input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Service Member Care/ Exigency Leave</p>	<p>Paid Family Leave</p> <p><input type="checkbox"/> Baby Bonding</p> <p><input type="checkbox"/> Care for Family Member (PFL)</p> <p><input type="checkbox"/> Service Member Care/ Exigency Leave</p>
<p>Other</p> <p><input type="checkbox"/> Personal Leave not covered by any other options</p> <p><input type="checkbox"/> Employee Medical Leave(non-FMLA)/Short-Term</p>	
LEAVE TIMEFRAME	
<p>1. I am requesting leave be granted for the following period of time:</p> <p style="padding-left: 40px;">Beginning on (date): _____ Ending (date): _____</p> <p>2. The leave I am requesting will be <input type="checkbox"/> Consecutive <input type="checkbox"/> Intermittent</p> <p style="padding-left: 40px;">If intermittent, please provide anticipated schedule (if known)</p>	
PAY WHILE ON LEAVE (check all that apply)	
<p>Please apply the following option(s):</p> <p>1. <input type="checkbox"/> Short-Term Disability: Sick Time; then paid by Vendor upon approval by the Hartford</p> <p>2. <input type="checkbox"/> Accrued Sick <input type="checkbox"/> Accrued Vacation <input type="checkbox"/> Personal Day</p> <p>3. <input type="checkbox"/> Paid Family Leave benefit only (paid by Absolve upon approval)</p> <p>4. <input type="checkbox"/> Subsidize PFL with Sick <input type="checkbox"/> Subsidize PFL with Vacation</p> <p>5. <input type="checkbox"/> Leave without pay</p>	
<p>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.</p>	
Signature: _____	Date: _____
HR APPROVAL	
Signature: _____	Date: _____