



Leave of Absence Request Form

EXCELLENCE IN
UTILITY INFRASTRUCTURE

SECTION A: TO BE COMPLETED BY THE EMPLOYEE

Employee Name:	Department:
Supervisor:	Location:

Title: Please check reason for leave of absence:

- | | |
|---|---|
| <input type="checkbox"/> Own serious health condition (not work related) * | <input type="checkbox"/> Work-incurred injury * |
| <input type="checkbox"/> Care for parent/spouse/child with serious health condition * | <input type="checkbox"/> Pregnancy disability * |
| <input type="checkbox"/> Bonding with newborn/placement of child | <input type="checkbox"/> Other |

Please note: A medical certification form by a treating provider is required for all leaves denoted with (*).

Requested Leave Date: _____ Estimated Return to Work Date: _____

Intermittent or reduced work schedule (describe):

A leave of absence may consist of leave without pay and/or paid leave (vacation time may be used). **

While I am on leave of absence, I wish to use my vacation hours during this time. Number of hours I wish to use: _____

While I am on leave of absence, I wish to take leave without pay.

Employee's Signature

Date

Supervisor's Signature

Date

SECTION B: TO BE COMPLETED BY EMPLOYER

Designation of Leave

Your leave is provisionally approved – pending medical verification.

Your leave is approved.

Your leave is denied for the following reason(s): _____

Human Resources' Signature

Date

**** Your regular wages may be reduced by any income replacement amounts received through EDD or any other sponsored employer disability plan. The total wages will not exceed 100% of your regular wages ****