Midwestern Adult Day Services

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REQUEST FOR LEAVE OF ABSENCE

Employee:		Department:
Job Title:		Shift:
Start Date:	End Date:	Return to Work Date:
Reason for Request:		
I hereby request that benefits continue during this leave and agree to pay the total cost of premiums during leave. ☐		
Employee Signature:		Date Requested:

RESPONSE TO REQUEST FOR LEAVE of ABSENCE

Your Request for Leave is:	APPROVED ☐		WITHOUT PAY ☐
	NOT APPROVED ☐		WITH PAY ☐

SUBJECT TO THE FOLLOWING CONDITIONS:

Date Leave starts:	Date Leave ends:
Date to Return to Work:	Shift Start Time on Return Date:

NOTE: Failure to return to work, on your scheduled return date and time, is deemed a voluntarily quit from your job effective the date your leave commenced.

HOLIDAY PAY: will ☐ will not ☐ be paid for holidays observed during your leave.

EMPLOYEE BENEFITS are affected as indicated below, during this Leave:

Employee has requested that benefits continue and agrees to pay the total cost of premiums during leave. ☐

Insurer has been advised of this leave and consents to employee remaining on benefit plans indicated below. ☐

BENEFIT	CONTINUE	DISCONTINUE	BENEFIT	CONTINUE	DISCONTINUE
Group Life Insurance	☐	☐	Short Term Disability	☐	☐
Group Accident Insurance	☐	☐	Long Term Disability	☐	☐
Extended Health Care	☐	☐	Retirement Plan	☐	☐
Dental Insurance	☐	☐	Other	☐	☐

Supervisor 's signature:	Date: