



Leave of Absence Form

General Information			
Employee (Last, First M.I.):			
Employee Number:		Region:	
Date of Report:		Crew or Department:	
Last Day Worked:		Supervisor:	
Leave Information			
Type of Leave			
<input type="checkbox"/>	Family (with FMLA, if eligible)	<input type="checkbox"/>	Layoff
<input type="checkbox"/>	Medical (with FMLA/STD, if eligible)	<input type="checkbox"/>	Military
<input type="checkbox"/>	Worker's Compensation Injury	Other:	
Leave begins		Leave expires	
Reason for Leave			
Conditions			
<p>1. Notify your supervisor 48 hours in advance if your return is earlier than the above date. Your return automatically cancels any unused portion of this leave (not applicable for Layoffs).</p> <p>2. GROUP INSURANCE. I covered under the group insurance plan. I desire to keep my insurance in effect while on leave. I will pay for my insurance in the following manner:</p> <p>I understand that my insurance will be cancelled unless I pay the premiums as scheduled above.</p> <p>3. I understand that my failure to report to work at the end of the leave period will be taken as a quit on my part, unless the leave is extended in writing. It is the employee's responsibility to request a leave extension.</p> <p>4. Generally, leaves of two weeks or longer for any reason other than annual military service or vacation will require a fitness-for-duty examination upon return. You may be required to present the Company with a fitness-for-duty certification from your health care provider before returning to work. In addition, you may be required to be examined by a Company-approved physician, and in case of conflict, the opinion of the Company physician will govern.</p>			
Signatures			
Employee:		Date:	
Supervisor:		Date:	
Management:		Date:	
Return to Work			
Date of Return:		Supervisor:	

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