



# LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**I request a leave of absence for the following reason:**

Serious health condition\*  
*Circle one: Employee Family member*

To care for a covered service member with a serious injury/illness\*

Birth of child/placement of child for adoption or foster care\*

Other (i.e. Vacation, Bereavement, Jury Duty)

*Please specify:* \_\_\_\_\_

Active military duty\*  
*Circle one: Employee Family member*

*\*If leave qualifies under the Family Medical Leave Act (FMLA), additional paperwork may need to be completed and will be provided by a Servant HR Representative.*

**Anticipated dates of leave (provide estimated dates if exact dates are unknown):**

Begin: \_\_\_\_\_ End: \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

I understand that I am responsible for covering any missed insurance premiums while on a leave of absence. These premiums are due by the first of the month. I understand that I have a 30-day grace period in which to make premium payments. If payment is not made timely, my insurance may be cancelled, retroactive to the last premium paid, or at Servant HR's option, Servant HR may pay my share of the premiums during my leave and recover these payments from my first paycheck(s) upon my return to work, crediting them to my worksite employer.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**◆◆◆◆◆◆◆◆◆◆ TO BE COMPLETED BY WORKSITE SUPERVISOR ◆◆◆◆◆◆◆◆◆◆**

Approved  Denied

Reason for denial (if applicable): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_