

**LEAVE OF ABSENCE FORM
[CONFIDENTIAL]**

EMPLOYEE SECTION

Employee's Name: _____	Application Date: _____
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REASON FOR LEAVE

- Medical – self
- Medical – immediate family member (spouse, child, or parent) with a serious health condition
- Birth/adoption/foster care placement of child
- Pregnancy Disability Leave
- Caring for Military Service Member

Expected date that leave begins: _____

Probable duration of leave: _____

Expected date that leave ends: _____

LEAVE WILL BE

Continuous Intermittent

If requesting intermittent leave, provide information regarding the intermittent or reduced leave schedule you are requesting:

DURING MY LEAVE I CAN BE REACHED AT

Street Address _____	City, State, Zip Code _____
(_____) _____	_____
Phone number _____	Email Address _____

I also understand that I am required to provide timely medical certification for any medical leave, and notify the **Human Resources of Top Flight Distribution** telephonically and provide additional medical certification should it be necessary to extend the leave. Necessary certification can be submitted in person or via email to Kayla@iwantzen.com

Please refer to the employee handbook for more information. Contact Human Resources if you have any questions.

Employee's Signature _____	Date _____
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MANAGEMENT SECTION

Approved Denied Paid Absence Unpaid Absence

CEO's Signature: _____

Once complete, advise employee of status, file e-copy in Employee's File and the hard copy in the Payroll Binder