



Leave of Absence Request

(To be completed by employee and returned to Human Resources Manager at the work location*)

Name _____
(Print) Last First Date of hire ____/____/____ Date of request ____/____/____ Work location _____

Manager's Signature _____

1. Type of Leave requested:

- ☐ Continuous leave from ____/____/____ to ____/____/____ OR
(date) (date)
- ☐ Intermittent leave from ____/____/____ to ____/____/____
(date) (date)

2. Reason for Leave requested:

- ☐ due to a serious health condition (self)
- ☐ to care for a family member with a serious health condition:
Relationship of family member to employee _____
- ☐ due to incapacity resulting from pregnancy, prenatal medical care or child birth

☐ for child care following birth, placement for adoption or foster care

☐ Other
Describe:

Employee Signature: _____

____/____/____
(date)

OR

Employee's manager requesting Leave*:

(Print name) Signature ____/____/____
(date)

* In emergency situations, where Leave is not foreseeable, this form may be completed by the employee's supervisor or manager following verbal notification from the employee of the need for Leave of Absence.

Following receipt of your request for Leave of Absence, Human Resources will provide you with information about your eligibility for Leave as well as your rights and responsibilities while on Leave.

Request for leave of absence must be submitted to the employee's manager and hr@sonsray.com in writing at least 30 days prior to the date the leave is to begin.