



SONSRAY

Leave of Absence Request

(Please complete form, then send to HR and your manager)

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

Type of Leave Requested (select one):

- ☐ Continuous leave from ____/____/____ to ____/____/____
- ☐ Intermittently leave from ____/____/____ to ____/____/____
- ☐ Reduced Schedule starting ____/____/____ ending ____/____/____

Reason for Leave Requested (select one):

- ☐ Due to a serious health condition (self).
- ☐ To care for a family member with a serious health condition.
 - ☐ Relationship: _____
- ☐ For the birth of a child and to bond with the newborn child within one year of birth.
- ☐ For the placement of a child for adoption or foster care and to bond with the newly placed child within one year of placement.
- ☐ A qualifying exigency due to my spouse, child, or parent being a military member on covered active-duty or called to covered active-duty status (or notice of an impending call or order to covered active-duty).
- ☐ To care for my spouse, child, parent, or next of kin who is a covered service member and who has a serious injury or illness related to active-duty service.

Compensation During Leave

Be advised that certain leave types are unpaid (for example, FMLA, CFRA, PFL). Employees may choose to use any accrued and unused paid leave (such as vacation and sick leave) while on unpaid leave.

- ☐ I request to use the following accrued and unused paid leave while on unpaid leave (choose all applicable):
 - ☐ Sick leave. Number of hours requested: _____
 - ☐ Vacation time. Number of hours requested: _____
- ☐ I request unpaid leave.



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Continuation of Group Health Insurance

Check the box below if you are covered by Sonsray's group health insurance and wish to continue it during leave:

- ☐ I have group health insurance and wish to continue it during my leave. I understand that the company will provide me with payment options for my portion of the premium
- ☐ I would like to end my coverage with Sonsray at the end of the month

I acknowledge that completion of this Leave Request Form does not imply that the leave will be approved. Request for leave of absence must be submitted to the employee's manager and hr@sonsrays.com in writing at least 30 days prior to the date the leave is to begin.

Employee signature:_____

Name and Date:_____