

Directions for filling out the “Leave of Absence Request Form”

If you are requesting to take Family Medical Leave Act “FMLA” leave please complete the attached “Leave of Absence Request Form”.

Fill out the entire form except for “The number of hours worked in the past 12 months”, which will be calculated in the Business Office.

If your “Contract” or “Compensation & Benefits Plan” allows you to take days off prior to FMLA beginning and you choose to do so, include that information on the form. Check your “Contract” or “Compensation & Benefits Plan” to see if this option applies to you.

Once the form is completed return it to David Bonenberger, Business Manager. He will submit it to NavigateHCR on your behalf.



Leave of Absence Request Form

Directions for applying for Leave of Absence:

- Employee completes this request form and gives to their Supervisor to sign. The form then gets sent to NavigateHCR.
- For questions and submission of forms contact NavigateHCR at compliance@navigatehcr.com or 855-742-7427 Ext 209

Part I: Leave Request Data

After NavigateHCR review, you will be notified as to the status of your leave request.

Employee's Name:	Social Security Number	Employee Email Address:	Job Description
Employee Mailing Address:	Hire Date	DOB	Hours accrued in past 12 months - office only

REASON FOR REQUEST: (Check one)

☐ Birth of Child (Requires *Form WH380E or WH380F*) Due Date (M/D/YYYY):

☐ Placement for Adoption/Foster Care (Requires FMLA Leave Request – Adoption Placement Form)

☐ Serious Health Condition of Employee (Requires *Form WH380E*)

☐ Personal Leave of Absence

☐ Care for seriously ill family member (Requires *Form WH380F*)

Name:

Relationship:

☐ Military Family (Exigency) Leave

Name:

Relationship:

☐ Military Care Giver Leave

Name:

Relationship:

Date requested Leave is to begin:

Date you expect to return to work:

Are you requesting intermittent leave?

Yes ☐

No ☐

If YES, explain schedule requested:

Are you requesting a reduced work schedule?

Yes ☐

No ☐

If YES, explain schedule requested:

Do you want to use accrued time during the leave

Yes ☐

No ☐

using vacation or sick time? **Approval Required*

If YES, type of accruals:

Vacation ☐

Sick ☐

Is this a Key Employee

Yes

No

Do you want to be placed on FMLA Leave without pay for any period?

Yes ☐

No ☐

Explain request:

I understand that:

- During my FMLA-eligible period of paid leave, my benefits will continue.
- For unpaid leave only: information on continuing premium payments will be sent to me by my Employer.
- I am responsible for notifying my employer or NavigateHCR immediately, in writing, of any changes(s) in the leave period.

Employee Signature:

Date:

Part III: Supervisor Information

Department Head Signature:

Print Name:

Date:

Human Resources Signature:

Print Name:

Date: