



LEAVE OF ABSENCE NOTICE TO SUPERVISOR FORM

ALERT: This form is used to notify your on-site leadership your need to take a leave of absence. It is NOT the formal request for Leave. After submitting this form to your supervisor, you are required to request leave of absence with our 3rd Party Partner, Sedgwick. To do so call 855.279.9092

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Print Employee Name (First, Last, Middle Initial)

Job Title/Department

Employee ID Number

Telephone number
(Where you can be reached while on leave)

ABSENCE INFORMATION

This is a new request for Leave

This is an update to an existing request

Requested Start Date:

Anticipated Return Date:

REASON(S) FOR LEAVE

Employees own serious health conditions (not work related)

Pregnancy

To care for a family member (Spouse, Parent, Child etc.)

Military Leave: Active Duty or Military Caregiver

Paid Time Off (PTO)

If an employee has available paid time off, the employee must use all available paid time off, to the extent applicable, while on leave. The Company will apply paid time off during leave to the periods the employee would normally have worked without the leave. All benefits that operate on an accrual basis (i.e., PTO) will not accrue during the leave period.

I hereby notify you of my need for a leave of absence from work as indicated above and certify that such leave is requested for the purposes(s) indicated. I understand that I must comply with my employer’s policy and procedure for requesting and returning from a leave of absence and provide documentation, including medical certification, if required. I further understand that I may be responsible for the cost of my insurance benefits and that it is my responsibility to contact the ASC benefits department to arrange for premium coverage, if applicable. **I have received the Sedgwick Absence Management leave of absence flyer and understand it is my responsibility to contact them to initiate the leave process and file my claim. Failure to do so may result in my Leave being denied.**

Employee Signature

Date