

Leave of Absence Notification

LOA fax: 704-328-1165 or 980-235-6065 / E-mail-Leaveofabsence@compass-usa.com

Operation Information: Unit/CC #: _____ Sector: _____

Associate reports to: _____
Name Phone E-mail

IMPORTANT NOTICE: A Leave of Absence will not be approved until medical certification is received.

Employee Information:

Associate Last name, First name Social Security number Personnel number

Circle one: Hourly/ Union/ Salary

Associate's Street address City, State, Zip Code Phone number

- Date of Hire? _____
- Is this a *new Compass account? Yes ☐ No ☐ (*an account that the company began servicing in the last 1 year)
- If so what is the acquisition date? _____
- What was the employee's original date of hire with prior company? _____
- How many hours a week did the associate work on average with the previous company? _____

Reason for absence: _____

Consecutive (more than 3 missed days) Leave. What is the last day worked: _____

Is this request a result of workman's comp? ☐ Yes ☐ No WC Claim #: _____

Intermittent leave needed (Are they missing days randomly)? ☐ Yes ☐ No

Is this request for the care of a family member? ☐ Yes ☐ No

If yes, please list the family member's name: _____ Relationship: _____

Complete For Any Union Associates:

1. If eligible for FMLA, an employee is entitled to 12 weeks of leave. Using the Leave of Absence or Seniority sections of your collective bargaining agreement, what is the length of time the employee may be on medical leave if *ineligible* for (FMLA)? _____
2. Under your collective bargaining agreement, employment must be terminated:
_____ Months projected; Date for this employee: ____/____/____
3. Is the contract "silent"? ☐ Yes ☐ No
(Minimum twelve [12] weeks if FMLA eligible.)

For Leave of Absence Department use only: *Initials* _____

Date received: _____ Effective date of Leave: _____ Expiration date: _____

Benefits? _____ DIP? _____ Prior leave? Yes No If yes, when: _____

Work State: _____ SOI? _____

*****If salaried, pay area:** _____ **Hours:** _____

FMLA STD/Salaried ADA Reason= ☐ Hire ☐ Hours ☐ Exhausted