

REQUEST FOR A LEAVE OF ABSENCE ("LOA")

(All LOAs are approved by HR only)



Instructions:

- Please fill out all sections, sign, and date.
- Your manager must sign/date to acknowledge their awareness of your request.
- **Email the form to HR only at hr@autochlor.com.**

IMPORTANT INFO: HR will review your LOA request and contact you for more details, if needed. HR will notify you and your manager by e-mail if your request is approved/declined based on current leave laws, regulations, and company policy.

1. Contact Information

Employee Name	Elijah Hernandez
Home Address	980 West Side Ave
Personal E-mail	elijah.hernandez08@gmail.com
Personal Phone	

2. LOA Request Details

- I have taken an LOA in the prior 12 months: ☐ Yes (dates) _____ ☒ No
- I am requesting an LOA for the following reason:
 - ☒ The birth, adoption, or foster care of a child.
 - ☐ My own serious health condition.
 - ☐ To care for a spouse, child, or parent who has a serious health condition.
 - ☐ I've been called to active duty/training as a member of the Armed Forces.
 - ☐ My spouse, child, or parent is called to active duty to a foreign country as a member of the Armed Forces.
 - ☐ I am the spouse, child, or parent to a member of the Armed Forces with a serious injury or illness.
 - ☐ I am unable to work because of my pregnancy, pregnancy-related, or childbirth-related condition.
 - ☐ I am requesting a personal/other LOA not related to any of the above reasons.

• LOA start date: 11/4/2024 Return to work date: 11/11/2024

I understand that start and end dates may change, and I will communicate with HR in a timely manner about any updates.

3. Pay Request while on LOA

An LOA is unpaid leave. You may be eligible to receive payment from the state in which you live or through a disability benefit program. You have the option of being paid by using your accrued sick or vacation time. Please indicate below how you wish to be paid:

• I hereby request ACS to use the following for my pay while I'm out on my LOA:


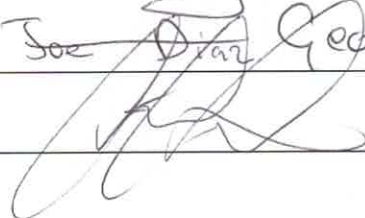
- ☐ Use all available time (sick, vacation, floating holiday) in combination with state disability program.
- ☒ Use all available time (sick, vacation, floating holiday).
- ☐ Use only _____ hours from accrued sick time.
- ☐ Use only _____ hours from accrued vacation time.
- ☐ Use only the 8 (eight) hours of floating holiday time.
- ☐ Unpaid – I will only be using a state or disability program for pay or choose to go unpaid.

I understand I can change my mind and request to use my sick, vacation, or floating holiday pay by emailing HR at least 7 days prior to the next scheduled pay date.

4. Benefits Premiums

I understand that if I am enrolled in company provided benefits, I am responsible paying for my portion of the benefits premiums and detailed information will be e-mailed to me at the time my leave commences regarding those payments.

5. Signatures

Employee Signature		Date	10/30/2024
Manager Name	Joe Diaz George Gaskin	Date	10/30/24
Manager Signature			

To be completed by HR

Received on:	Leave Q&A Meeting Scheduled:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined If Declined, why?
Received by:	Docs sent and EE notified on:	