



## LEAVE OF ABSENCE REQUEST

Email completed form: [HR@Apogeeemail.net](mailto:HR@Apogeeemail.net)

<b>Request Date:</b>			<b>Hire Date:</b>		
<b>Employee Name:</b>			<b>Contact Information</b> Phone:		
<b>Manager Name:</b>			Have you taken unpaid leave in the last 12 months?		
<b>Dates of Leave Request</b>			YES	NO	
Begin Date:	End Date:		Previous unpaid leave dates:		
<b>I am requesting leave for the following reason(s):</b>					
<b>Medical:</b>					
FMLA (additional paperwork required)		Short Term Disability (additional paperwork required)		Workers Compensation (additional paperwork required)	
Full Absence		Intermittent Absence		Reduced Schedule    Hours per week	
<b>COVID-19</b>	Please request and complete COVID-19 Questionnaire from Human Resources				
<b>Personal Leave</b>		Reason:			
<b>Parental Leave</b> (additional paperwork required)		Childs Date of Birth:			
<b>Deployment Related:</b> Post-Deployment		R&R, Mid-Deployment		Deployment Start Date:	Deployment End Date:
<b>Military Leave:</b>					
Annual Reserve Training (attach orders, max 80 hours/year)		Additional Leave (attach orders)		Active Duty (attach orders)	
<b>Bereavement Leave:</b> Relationship of Deceased to Employee:			Name of Deceased:		
<b>I wish to use earned PTO to offset unpaid time off:</b> No    Yes    Hours per week:					
<b>Employee Acknowledgement:</b> I agree to return to work on the date listed above. If circumstances change such that I will be unable to return to work on the date provided above or am able to return on an earlier date, I agree to submit written notification to my manager and the HR Department. I understand that certain leaves require I provide documentation in advance before being allowed to return to work. I understand if my benefits continue during my leave, I may be responsible for a portion of the premiums. I also understand that I may be required to exhaust unused, earned PTO before the start of any unpaid leave and that my PTO accrual may be discontinued throughout all or a portion of the leave duration.  <u>MILITARY LEAVE ONLY:</u> If I am requesting Additional Leave, by signing this document I acknowledge that if I have already exhausted my allotted 80 hours of annual military reserve time, allowed by Apogee for this calendar year and I may not be compensated for this leave.  For complete guidelines, please refer to the applicable policy. By signing I acknowledge that I have read and understand all applicable leave policy regulations.					
<b>Employee Signature:</b>			<b>Human Resources Signature:</b>		

For Internal Use Only							
Status	Benefits Eligible	Stop Benefits Effective:	Eligible for Holiday Pay during leave	HRIS Entry Required	Timecard Required	Required Documentation Received	Stop PTO Accrual
Full-Time							
Part-Time							
	Neg PTO Hours	Supervisor who Approved:	Neg PTO Hours	HR Approval Int.	COVID Sick Leave	COVID EFMLEA	
<b>COVID-19</b>							
Notes:				Human Resources Initials & Date:			