

LEAVE OF ABSENCE & VACATION REQUEST FORM
Parking Company of America

Name: _____ Job Title: _____ Date: _____

Shift: _____ Location/Lot #: _____ City: _____

I am requesting _____ days off from _____ to _____ for the following reason(s):

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VACATION _____ Note: All requests for vacation must be submitted at least thirty (30) days in advance and are subject to scheduling requirements as determined by management.

My last shift/day of work before the leave would be: Shift _____ Date _____

I would return to work: Shift _____ Date _____

Means of contact while on leave:

Address _____ Telephone (_____) _____
_____ (_____) _____

I agree that if I do not return to work on the date and time above, I will notify PCA 48 hours in advance. If I fail to return as scheduled and fail to notify PCA, I agree that my employment may be terminated immediately.

Employee

Signature: _____

Approved: _____ **Not Approved:** _____

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UNPAID LEAVE OF _____ Personal (explain below) _____ Social Security
ABSENCE (check one): _____ Funeral _____ Other (Explain below)

My last shift/day of work before the leave would be: Shift _____ Date _____

I would return to work: Shift _____ Date _____

Means of contact while on leave:

Address _____ Telephone (_____) _____
_____ (_____) _____

I understand that medical and life insurance will be terminated as of the beginning date of my Leave of Absence if it is for a period exceeding two (2) weeks. I may continue this insurance coverage for the next sixty (60) days at my cost by notifying PCA in writing and paying each month's premium on or before the due date. After sixty (60) days, life insurance will be canceled, but I may continue medical insurance at my cost under the conditions of the "COBRA" act.

I agree that if I do not return to work on the date and time above, I will notify PCA 48 hours in advance. If I fail to return as scheduled and fail to notify PCA, I agree that my employment may be terminated immediately.

Employee

Signature: _____ **Approved:** _____

_____ COBRA election form attached **Not Approved:** _____

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ROUTING: **Original** - Payroll Dept. (Cincinnati) **3rd Copy** - Scheduling Manager*
2nd Copy - Employee **4th Copy** - Employee File