



Leave Of Absence Request and Authorization

S.R.C. - Pipestone, MN U.S.A.

Name: Jorge Ruiz Clock # _____
Leave Starts 7-30-08 8-20-08 Leave Ends _____

- Type of Leave Requested (Check all that apply)**
- Medical (Non-FMLA)*
 - FMLA Self Family Member*
 - Workers' Compensation Leave*
 - Military/Guards (Submit Commander Letter)
 - Civic Duty (_____)
 - Personal or _____ Educational
 - Funeral (_____)
 - Other personal

Requires a Reason for Request (Please be specific; travel, illness-surgery, family reasons, etc.)

LEAVE OF ABSENCE CONDITIONS (PLEASE READ, COMPLETE AND SIGN.)

1. All **LEAVE OF ABSENCE OF FIVE OR MORE DAYS** must be requested and approved in advance on this form. Requests for Leaves are reviewed and approved on an individual basis and shall have no bearing on, nor shall establish precedent for denying or approving future requests. *Employee may attach any additional documentation to this request form.*
2. **PERSONAL LEAVE OF ABSENCE** may be rescinded at any time or denied based upon an employees overall attendance record or changes in manpower requirements. *Personal Leaves may be subject to Early Recall. Advance notice to Human Resources is required if you wish to return before the ending date.* An absence from active employment for more than 12 consecutive weeks will result in termination of employment
3. Employees are required to utilize their **VACATION** prior to any unpaid personal leave being granted.
4. **INSURANCE COVERAGE** will terminate if the Employee fails to pay their premiums by the 1st of each month. Active rates remain in effect for 12 weeks for medical leaves. Active rates remain in effect through the first 12 weeks of a personal leave and COBRA rates take effect for each month thereafter.
5. Employees on Personal or Medical Leaves are not eligible for **UNEMPLOYMENT BENEFITS** and providing false reasons or any material information to secure **DISABILITY** payments or reduced insurance premiums will be grounds for employment termination. *Medical status updates are required every thirty (30) days if unable to return to work.*
6. A completed **FITNESS FOR DUTY FORM** is required from a physician for any medical illness absence to allow you to return to work **AND MONTHLY** for long term medical leaves. *Employees will be released from their employment if unable to return to work full time within 12 weeks from the date the medical leave begins.*
7. **FAMILY MEDICAL LEAVE** entitlements are after 12 months of employment, with a minimum of 1250 work hours in the last 12 months. Time absent will be included as part of your FMLA leave if; 1.) A FMLA leave is requested at a later date, or 2.) If the employee's FMLA eligibility requirements change or 3.) The leave or a series of absences are related to a work-related accident or illness. 4.) The Employer has reasonable knowledge of the medical situation and may designate FMLA entitlements as provided under the statute. Employees may contact Human Resources for further right and obligations for FMLA entitlements. **Vacation Days are assigned during FMLA leaves / absences in the order listed.**

I have read and understand the above listed conditions concerning my request for a Leave of Absence.
I understand I must contact Human Resources to ensure my Leave has been approved before the starting date.

Jorge Ruiz
 Team Member Signature

07-30-08
 Date

Shift Leader or Manager Signature <u>[Signature]</u>	Date <u>(8/5/08)</u>
Approved / Denied Human Resources _____	Date _____
Comment _____	

(Original - Human Resources. Copy to the Employee.)