



I/N TEK & I/N KOTE LEAVE OF ABSENCE REQUEST

Employee:

| | | | | |
|---|----------------|----------------------|-----------------------------|------------------------|
| 1. Check One: <input type="checkbox"/> Bargaining Unit Employee <input type="checkbox"/> Non-Exempt Employee <input type="checkbox"/> Exempt Employee | | | 2. Date of Request: | |
| 3. Type of Leave: <input type="checkbox"/> Regular LOA <input type="checkbox"/> Extension | | | | |
| 4. Employee's Name: | | 5. Company: | 6. Payroll No.: | 7. Corp. Service Date: |
| 8. Department: | 9. Occupation: | 10. Length of Leave: | 11. Leave to Begin: | 12. Leave to End: |
| 13. Present Permanent Address: | | | 14. Address While on Leave: | |
| 15. Reason for Requesting This Leave: | | | | |
| 16. Social Security Number: | | 17. Last Day Worked: | 18. Employee's Signature: | |

Department:

| | |
|---|--|
| 19. For Non-Bargaining Unit Employees: Will absence require a replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, consider: (Check one) | |
| <input type="checkbox"/> <u>Short –Term Need</u> – Contact H/R to request a contract employee (“Temporary”) | |
| <input type="checkbox"/> <u>Long – Term Need</u> - Contact H/R to post position via Access to fill the vacancy. | |
| 20. Remarks: (Explain any discrepancy between last-day worked date and leave-to-begin date) | |

Remarks:

| Recommendation: | | Signatures: | Date: |
|---|---|--------------------------------------|-------|
| <input type="checkbox"/> Approval Recommended | <input type="checkbox"/> Approval Not Recommended | Department Manager: | |
| <input type="checkbox"/> Approval Recommended | <input type="checkbox"/> Approval Not Recommended | President (LOAs Mgr. Level & Above): | |
| <input type="checkbox"/> Approval Recommended | <input type="checkbox"/> Approval Not Recommended | Manager of Human Resources: | |

Note To Employee:

1. You must notify your Department Manager of any change in your address or of a request for an extension of this leave.
2. The Company reserves the right to cancel this leave.
3. Non-Bargaining Unit Employees returning from an extended leave of absence will receive reassignment to the job last held, whenever possible, or to one of equal pay. Every effort shall be made to reassign an employee taking an extended leave under this policy, but nothing in this policy shall be construed to imply a guarantee of reemployment. Where this is not possible, he or she will be given preferential consideration for any other appropriate position vacancies.
4. Refer to Employee Handbook for healthcare coverage information related to LOA.