



Request for Leave Form

To be completed by employee requesting leave at least 30 days notice prior to leave, or within two days after need for unplanned leave is known. Failure to provide adequate notice could result in the requested leave amount being reduced.

Employee Name _____ Employee # _____ Store # _____ Date _____

Reason for leave:

- Medical – self (briefly state reason for leave): _____
- Family Medical - (relationship to you and reason for leave): _____
- Parenting Leave for birth/adoption of child
- Caring for Military service member Leave due to a qualifying exigency relating to military service
- Vacation Other/Personal _____

Date leave begins: _____ Probable duration of leave: _____

Date leave ends: _____

Leave will be: Continuous Intermittent or Reduced Schedule

If you are requesting intermittent or reduced schedule leave, briefly state the reason for leave and when you are able to work:

During my leave, I can be reached at: Phone Number (____) _____-_____

_____ Address _____ City _____ State _____ Zip

I understand this is a REQUEST FOR LEAVE and **must be approved** by my supervisor before taking the leave. I understand that certain types of leave will allow me to use any accrued sick and/or vacation pay during unpaid medical leave and that accrual of these leaves will stop during any unpaid portion of my absence. Please refer to the Family Medical Leave Policy in the Company’s employee handbook for more information or contact Human Resources.

I also understand that I am required to provide timely medical certification for my leave, and notify the Human Resources Department at (541) 412-3597 should it be necessary to extend the leave and I may be required to provide additional medical certification.

Employee’s Signature _____ Date _____

Store Manager’s Signature _____ Date _____

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| For Human Resources/OFFICE USE ONLY: | |
| _____ | _____ |
| Date Form Received in HR | Signature – HR Department |