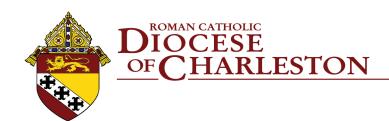


LEAVE FORM

Completion of this form does not guarantee qualification for placement on leave. Certain factors affect whether an employee qualifies for leave. See applicable policies for more information. This form is completed by the Location Coordinators (LC) for the non-PAS locations and the HR Generalist for all other locations.

Employee Name:	Job Title:	Cell #: e: ADP Company Code:
Employee personal email address:		Cell #:
Benefit Status:	Date of Hire	2:
Location Name:		ADP Company Code:
Supervisor:		
Type of Leave	Start Date	Return Date
J. R	(Subject to change)	
FMLA		, <u>, , , , , , , , , , , , , , , , , , </u>
Medical Leave		
Parental Leave		
Extension of Leave w/o		
benefits		
Personal Leave		
Military Leave		
		e have them contact The Hartford at (888) 301-
5615 to begin the claim process. I	For more information, please see the	Telephonic Claim Flyer on our website.
Effect of Leave on Benefit Deduct	tions: Employees taking leave must co	ontinue to pay their own portion of health benefit
	ons offered to the employee are as fo	
o Payments will be	made via (check one):	
	l deduction upon their return until arro	
	ly direct payments via checks to their	
	me direct payment via check to their l	
• [] Other:		
Personal Leave: Employees on	Personal Leave must pay 100% of	the monthly cost of their health benefits.
	Tersonal Leave mast pay 10070 or	
		



Contract Amount

LEAVE FORM

	F	or '	Teachers	On	ly :	for A	Accounting	g Pa	y S	Structure	Ca	lcu	lation	ı Pui	rposes	(Atta	ch]	Hol	lida	ıy l	Sch	edu	le):
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Original Contract Length	
Daily Earned Amount (contract amount/190)	
Bi-weekly Pay Amount	
(contract amount/26)	
Number of Leave Days	
Number of Holidays During	
Leave Period	
Number of Holidays For The	
Calendar Year	
Current PTO Balance	
Signatures:	
Employee Signature	
Date:	
Supervisor's Signature	-
Date:	