



PERSONAL LEAVE OF ABSENCE REQUEST FORM

Name: _____ **Employee ID#:** _____ **Date of Request:** _____
Location: _____ **Leader:** _____ **Dept:** _____
Beginning Date of Leave: _____ **Expected Date of Return:** _____
Reason For Leave:

The following serves as an overview of the leave information, please refer to the Personal Leave of Absence Policy for details.

- Part-time and Full-time employees are eligible to request a personal leave of absence.
- Each request will be reviewed on a case-by-case basis.
- Employees may only apply for a personal leave of absence once per a rolling 12-month period.
- Requests for leave must be made as soon as possible prior to the date the requested leave is to begin when possible.
- The maximum duration for a personal leave is 30 days (60 days with Next Level Leader approval) and must be approved by the Department Leader and the HR Representative. Failure to obtain the appropriate approval prior to the beginning of the leave will result in a denial of the request.
- It is the employee's responsibility to return to work and/or be on the upcoming schedule on, or prior to, the date the leave expires.
- Failure to return to work prior to or on the date the leave expires and/or failure to notify the Department Leader and the HR representative of a delay in returning to work, will result in the immediate termination of employment and will be considered a voluntary resignation.
- Taking an approved personal leave of absence will have no impact on average hour audit or minimum hour audit results.

Return completed form to hr@rymanhp.com

I have read and understand the company Personal Leave of Absence Policy and above statements regarding the Company's policy regarding a Request for a Personal Leave of Absence. I understand that my request for a Personal Leave of Absence is voluntary and unpaid and that any accrued vacation/sick/floating holiday time will be used concurrently with the leave time.

Employee Signature:		Date:	
Department Leader Approval:		Date:	
HR Representative Approval:		Date:	
Next Level Leader Approval: (for 60 day maximum)		Date:	