



LEAVE OF ABSENCE REQUEST FORM

To request a leave of absence, please complete the following request form and submit to your Store Manager at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): _____ Work Location: _____

Today's Date: _____ Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this leave request is (select the most appropriate box):

- Birth of a child, or placement with the employee of a child for adoption or foster care.
- To care for the employee's spouse, child, or parent with a serious health condition.
- A serious health condition that makes the employee unable to perform the functions of the employee's job.
- A qualifying exigency arising out of the fact that the employee's spouse, child, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).
- To care for a covered service member with a serious injury or illness if the employee is the spouse, child, parent or next of kin of the covered service member.
- An unpaid personal leave of absence of more than 3 days, as described in the Employee Handbook in the section titled Personal Leave of Absence.
- A military leave of absence of more than 3 days, as described in the Employee Handbook in the section titled Military Leave of Absence.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

If the requested leave of absence is a qualifying event under the Family and Medical Leave Act (FMLA), additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided).

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny a leave request. Please contact Human Resources with any questions.

I, the undersigned, have provided information that is true and accurate to the best of my knowledge. I understand that if my requested leave is approved, I will be required to use any accrued paid time off during my absence. I understand that I may be required to pay my share of any insurance premiums while I am on leave. I understand that I may be required to submit a fitness for duty certificate from my medical provider before being permitted to return to work. I understand that it is my responsibility to communicate regularly with my supervisor regarding my anticipated return date.

Employee Signature: _____ Store Manager Signature: _____

Return this form to Human Resources

For HR use ONLY: Date received: _____ FMLA Eligible: YES NO FMLA Eligibility Notice sent: _____