



## LEAVE OF ABSENCE REQUEST

### Request Procedures:

1. **Employee:** Please fill out the Employee portion of the form below and turn it in to your Manager.
2. **Manager:** Please review the request and sign the bottom showing you were notified of the employee's request. The completed form should be emailed or provided to the Human Resources at [hr@compass-gc.com](mailto:hr@compass-gc.com) for processing.
3. **Human Resources:** Review the request, complete the Human Resources section and sign the bottom showing you were notified of the employee's request. A copy will be filed in the employee's personnel file.
4. **Employee & Manager:** If the leave is approved, advise the Human Resources of any changes regarding the leave.

### Request Form:

To be filled out by Employee:			
<b>Employee Name:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>Cell Phone #:</b>		<b>Department:</b>	
<b>Manager Name/Title:</b>			
<b>I hereby request a leave of absence for the following reason (check the appropriate box or boxes):</b>			
<input type="checkbox"/>	Recovery from or to seek treatment for my serious health condition.		
<input type="checkbox"/>	To care for a family member with a serious health condition for which I am needed to provide care. That family member is my: <input type="checkbox"/> Spouse/Domestic Partner: <input type="checkbox"/> Parent: <input type="checkbox"/> Child:		
<input type="checkbox"/>	To care for a newborn, newly adopted, or newly placed foster child 18 years of age or younger.		
<input type="checkbox"/>	For pregnancy or child birth.		
<input type="checkbox"/>	My spouse, son, daughter, or parent has been called to active duty in the Armed Forces and my help is temporarily needed. That family member is my: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child		
<input type="checkbox"/>	To address legal, medical, or safety issues that resulted from my (or my family member's) victimization in a domestic violence or sexual assault situation.		
<input type="checkbox"/>	Other Reason:		
<input type="checkbox"/>	Partial or Periodic Leave: (Please State Reason)		
<input type="checkbox"/>	Full Leave		
<b>Full Leave of Absence Dates: (These can be anticipated)</b>			
Start date of leave:		Return to work date:	

### To be filled out by Human Resources:

<b>Has the employee worked for Compass at least 12 months?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has the employee worked at least 1,250 hours within the last 12 months?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Employee Signature:</b>		<b>Date:</b>	
<b>Manager Signature:</b>		<b>Date:</b>	
<b>Human Resources:</b>		<b>Date:</b>	