

LEAVE REQUEST FORM – UWUA

EMPLOYEE INFORMATION

Employee Name

Employee ID Number

Location

REASON FOR LEAVE OF ABSENCE (check all that apply)

Family Medical Leave

- ☐ Employee Medical Leave/Short-Term Disability
- ☐ Care for Family Member (FMLA)
- ☐ Baby Bonding
- ☐ Military Leave
- ☐ Service Member Care/ Exigency Leave

Other

- ☐ Personal Leave not covered by any other options
- ☐ Employee Medical Leave(non-FMLA)/Short-Term Disability

LEAVE TIMEFRAME

1. I am requesting leave be granted for the following period of time:

Beginning on (date): _____ Ending (date): _____

2. The leave I am requesting will be ☐ Consecutive ☐ Intermittent

If intermittent, please provide anticipated schedule (if known) _____

PAY WHILE ON LEAVE (check all that apply)

Please apply the following option(s):

1. ☐ Short-Term Disability: Sick Time; then paid by Vendor upon approval by The Hartford
2. ☐ Accrued Sick ☐ Accrued Vacation ☐ Personal Day
3. ☐ Leave without pay

EMPLOYEE CERTIFICATION AND SIGNATURE

I understand I am responsible for the cost of my insurance benefits while on a leave of absence and authorize Human Resources to make up insurance premiums upon my return to work.

Signature: _____ Date: _____

HR APPROVAL

Signature: _____ Date: _____