

## Leave of Absence Request Form-Unpaid

An unpaid leave of absence is available in certain circumstances as described in CDL Electric Group of Company's Employee Handbook. Employees who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

- All leaves of absence must be approved in advance by human resources (HR) and the employee's supervisor.
- If the dates of requested leave change, a new leave of absence request form must be submitted for approval.
- Employees on an unpaid leave of absence are responsible for payment of insurance premiums as agreed upon with HR prior to the commencement of leave.
- Employees returning from a leave of absence must contact HR at least one week in advance of the projected return date.
- Employees can take up to 12 weeks Leave of Absence in a 12 month period.

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

***To be completed by the employee:***

Date of request: \_\_\_\_\_ Employee name: \_\_\_\_\_  
Department: \_\_\_\_\_ Job title: \_\_\_\_\_  
Date of hire: \_\_\_\_\_

Employee status: ( ) Exempt ( ) Nonexempt ( ) Full time ( ) Part time

Requested leave dates (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_.

Reason for the leave of absence: \_\_\_\_\_

\_\_\_\_\_.

Total insurance premium due per week: \$ \_\_\_\_\_

Date of first payment to be made: \_\_\_\_\_

\_\_\_\_\_ (initial) I have approved LOA, I wish to cancel my insurance benefits until I return back to work.

\_\_\_\_\_ (initial) I do not have approved LOA, I wish to cancel my insurance benefits. I understand I will not be eligible for re-enrollment until the next open enrollment.

I have read and fully understand the information contained in CDL Electric Group of Companies leave of absence policy.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

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### ***To be completed by the employee's supervisor:***

Leave request is: ☐ Approved ☐ Not approved

If not approved, provide an explanation: \_\_\_\_\_

\_\_\_\_\_.

All company assets issued to employee have been return to CDL ☐ YES ☐ NO Company assets assigned

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***To be completed by HR:***

Leave request is: ☐ Approved ☐ Not approved

If not approved, provide an explanation: \_\_\_\_\_

\_\_\_\_\_.

HR employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's last day worked: \_\_\_\_\_ Employee's return-to-work date: \_\_\_\_\_

### **Insurance premiums to be continued being paid by the employee.**

Medical ☐ Yes ☐ No ☐ N/A \$\_\_\_\_\_ (weekly cost)

Dental ☐ Yes ☐ No ☐ N/A \$\_\_\_\_\_ (weekly cost)

Vision: ☐ Yes ☐ No ☐ N/A \$\_\_\_\_\_ (weekly cost)

STD: ☐ Yes ☐ No ☐ N/A \$\_\_\_\_\_ (weekly cost)

Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ N/A \$\_\_\_\_\_ (weekly cost)

Total insurance premium due per week: \$\_\_\_\_\_

Total insurance premium due per month: \$\_\_\_\_\_

***File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.***