

This form should be used by employees to request a formal leave of absence from employment with Living In Fulfilling Environments (L.I.F.E.), Inc. Upon completion of this form it should be submitted to your area director for review and approval.

NAME:	DATE:
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REASON FOR LEAVE: <input type="checkbox"/> Caregiver <input type="checkbox"/> Education Furlough <input type="checkbox"/> Employee Illness <input type="checkbox"/> Military Deployment <input type="checkbox"/> Work-Related Injury <input type="checkbox"/> Other _____
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REQUESTED START DATE:	PROJECTED LAST WORK DATE:
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PROJECTED FIRST MISSED DATE:	PROJECTED RETURN DATE:
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	PRIMARY PROGRAM:	SCHEDULED HOURS:
	SECONDARY PROGRAMS:	SCHEDULED HOURS:
	SECONDARY PROGRAMS:	SCHEDULED HOURS:
	SECONDARY PROGRAMS:	SCHEDULED HOURS:
	SECONDARY PROGRAMS:	SCHEDULED HOURS:
		TOTAL HOURS:

LEAVE DOCUMENTATION PROVIDED AND ATTACHED: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why? _____
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COMMENTS:

EMPLOYEE PRINTED NAME:	EMPLOYEE SIGNATURE:	DATE:
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For Human Resources Use Only

EMPLOYED FOR AT LEAST ONE (1) YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No	WORKED 1250 HOURS WITHIN LAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No
WORKED 1560 HOURS WITHIN LAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No	FMLA QUALIFIER: <input type="checkbox"/> Yes <input type="checkbox"/> No
RIPFMLA: <input type="checkbox"/> Yes <input type="checkbox"/> No	FMLA MILITARY LEAVE QUALIFIER: <input type="checkbox"/> Yes <input type="checkbox"/> No
CAREGIVER QUALIFIER: <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL-RELATED QUALIFIER: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Processing Use Only

NOTICE OF RIGHTS/RESPONSIBILITIES AND APPROVAL/DECLINATION SENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:	
FMLA CERTIFICATION OF HEALTHCARE PROVIDER NEEDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN DATE:	
STAFF MEDICAL FORM NEEDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN DATE:	
HEALTH BENEFITS: <input type="checkbox"/> Yes <input type="checkbox"/> No	DENTAL BENEFITS: <input type="checkbox"/> Yes <input type="checkbox"/> No	401(K) LOAN: <input type="checkbox"/> Yes <input type="checkbox"/> No

HUMAN RESOURCES PRINTED NAME:	HUMAN RESOURCES SIGNATURE:	DATE:
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