



LEAVE OF ABSENCE REQUEST FORM

REVISED REQUEST []

(Please Print)

Employee Name: _____ Position & Location: _____

Reason for Leave of Absence:

- Active Military Duty Leave, Educational Leave, FMLA Leave (F/T only), Sick Leave, Unpaid Leave. Each with a line for Leave Dates.

My medical certification from my doctor is [] attached or [] will be faxed/emailed to the Human Resources Department by ____/____/____.

NOTE: If applicable, the ERESK will maintain your Health Benefits coverage up to twelve (12) weeks.

Options to Use of Paid Leave Benefits - If accrued paid time-off benefits are available, I am requesting to use the following:

of Sick Days _____ # of Personal Days _____ # of Vacation Days _____

My leave, without pay will begin on ____/____/____

My anticipated return date is ____/____/____

WORK SCHEDULE (circle the days per week you typically work): M Tu W Th F

My REVISED Return Date is anticipated to be ____/____/____.

Employee Signature _____

Date _____

RETURN TO: ERESK - ATTN: HR
333 Fairfield Road
Fairfield, NJ 07004
hr@eresk.com

EMPLOYEES are REQUIRED to receive approval from Human Resources BEFORE returning to work.

DATE approved by Board of Directors. ____/____/____