



# Leave of Absence Request

Team Member Name: \_\_\_\_\_

Facility:

Bowling Green

Nicholasville

Sober Living

Crowne Pointe

Woodland

Corporate

Intensive Health

Paducah

Utilization Review (UR)

London

Outpatient

Access Center

Date of requested leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of expected return: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason:  maternity leave  illness, injury, incapacitation  other: \_\_\_\_\_

Paid Time Off (PTO): available vacation balance: \_\_\_\_\_ available sick balance (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purposes indicated. I understand that I must comply with Stepworks' procedures for requesting leave/approved absence and I may be asked for additional documentation, including medical certification, if required. I understand that I must use all available PTO before taking time unpaid. I understand that falsification on this form may be grounds for disciplinary action including termination. I realize that leaves of absence **greater than one month** will result in my portion of employee benefits (e.g. health insurance, dental insurance, etc.) not being deducted from my paycheck. Therefore, I will be responsible for paying the employee portion of my benefits directly to Stepworks.

Team Member Name: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Official Action on Request:  approved  denied

Reason for denial: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Send completed form HR (scan and upload to team member's medical file; submit copy to payroll).