



EUGENE BURGER
MANAGEMENT
CORPORATION

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Leave of Absence Request Form

Employee's Name: _____ Date of Request _____

Employee Location: _____

Leave Requested: _____
Beginning date/time Ending date/time

Supervisor Name: _____

Employee's Signature: _____

Reason for Leave of Absence:

- ☐ Your serious health condition / pregnancy disability.
- ☐ To care for a family member with serious health condition.
- ☐ To care for a newborn child.
- ☐ Placement/adoption/foster care of child.
- ☐ To address issues surrounding a family member's active military duty or call to duty.
- ☐ To care for a family member who is a covered military service member with a serious injury or illness.
- ☐ Other (please describe) _____

Employees on leave will be required to use available sick time. Please indicate here if you would also like to use accrued vacation time during your leave of absence (select only one box):

- ☐ I would like to use **all** hours of accrued vacation during my leave of absence.
- ☐ I would like to use ____ hours of accrued vacation time during my leave of absence.
- ☐ I do not want to use accrued vacation during my leave of absence.

Supervisor Acknowledgment _____ Date _____

Supervisor Comments/Recommendations _____

Leave of Absence Request Form Process:

1. Employee completes Leave of Absence Request Form and gives to supervisor.
2. Supervisor reviews and signs the Leave of Absence Request Form acknowledging receipt and then forwards to Payroll/Benefits along with any additional documentation.
3. Payroll/Benefits will contact the employee directly within 2 business days of receipt of this form.

(Acceptance/Acknowledgement of this form does not constitute approval of the request. The requesting employee will be advised in writing of a decision as soon as possible.)