

Unpaid Leave of Absence Request Form

An unpaid leave of absence is available in certain circumstances as described in Southern Scripts' Leaves of Absence Policy. 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 Director 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 Human Resources prior to the commencement of leave.
- Employees returning from a leave of absence must contact Human Resources at least one week in advance of the projected return date.

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 Human Resources 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: _____

I have read and fully understand the information contained in Southern Scripts' Leave of Absence Policy.

Employee signature

Date

To be completed by the employee's supervisor:

Leave request is: ☐ Approved ☐ Not approved

If not approved, provide an explanation: _____

Supervisor signature: _____ Date: _____

To be completed by Human Resources:

Leave request is: ☐ Approved ☐ Not approved

If not approved, provide an explanation: _____

Human Resources Director signature: _____ Date: _____

Final Decision:

Leave request is: ☐ Approved ☐ Not approved

If not approved, provide an explanation: _____

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

Insurance to be continued and the weekly/monthly cost to employee:

Medical	() Yes	() No	() N/A	_____ \$
Dental	() Yes	() No	() N/A	_____ \$
Other: _____	() Yes	() No	() N/A	_____ \$

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.