

# Woodland Hills Church MN Paid Leave of Absence Request

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ministry Area: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of request: \_\_\_\_\_ *(Request must be made 30+ days prior to start of leave or as soon as feasible)*

Current Work Schedule: list number of hours worked each day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

**LEAVE OF ABSENCE REQUESTED** *(To be completed by the supervisor as soon as notified by employee)*

Leave Start Date: \_\_\_/\_\_\_/\_\_\_ Expected Return Date: \_\_\_/\_\_\_/\_\_\_ UNUM submission date: \_\_\_/\_\_\_/\_\_\_

**Leave Type (check one):**    **Medical Leave**    **Family Leave**    **Intermittent Leave\***

A serious health condition of the employee that makes the individual unable to perform the functions of their position. Is UNUM receiving the medical certification from your physician?  
 \_\_\_ Yes \_\_\_ No  
 If No, please attach the medical certification to this form.  
 Date of onset: \_\_\_\_\_

Bonding Leave: birth of the employee's child.  
 Expected date of birth: \_\_\_\_\_ Actual date of birth: \_\_\_\_\_  
*(to be filled in by the Business Administrator)*

Bonding Leave: placement of a child with the employee for adoption or foster care.  
 Date of placement: \_\_\_\_\_

Caring Leave: to care for a family member who has a serious health condition. Is UNUM receiving the medical certification from your family member's physician? \_\_\_ Yes \_\_\_ No  
 If no, please attach the medical certification to this form.  
 Date of onset: \_\_\_\_\_

Military Leave: to support a family member called to active duty. Attach the active-duty orders.  
 Date of deployment: \_\_\_\_\_

Safety Leave: to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member.  
 Date of onset: \_\_\_\_\_

\*Intermittent Work Schedule: list number of hours requested for leave each day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

**USE MY AVAILABLE SICK/VACATION LEAVE BALANCES TO MAKE UP MY PAY DIFFERENCE: I am requesting to make up the difference in my pay with my available leave types.**    Yes\*    No

\*If Yes, set up a time to meet with the Business Administrator to discuss how many hours for each leave type. The Business Administrator will enter the approved leave request in the time off system.

***My signature acknowledges that I have read and understand the policy in the employee handbook and am requesting a paid leave of absence under that policy.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

***Return form to the Business Administrator AND submit to UNUM.com to file a claim under Policy #990002***

## Woodland Hills Church Leave of Absence Request (Other)

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ministry Area: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of request: \_\_\_\_\_ *(Request must be made 30+ days prior to start of leave or as soon as feasible)*

Current Work Schedule: list number of hours worked each day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

**LEAVE OF ABSENCE REQUESTED** *(To be completed by the supervisor as soon as notified by employee)*

Leave Start Date: \_\_\_/\_\_\_/\_\_\_ Expected Return Date: \_\_\_/\_\_\_/\_\_\_

Refer to the Employee handbook for additional details on various leaves of absence.

**Leave Types:**  **Jury Duty** (attach summons)  **Witness Duty** (attach subpoena/request)  
 **Military** (attach orders)  **Personal** (attach Trustee approval)

The Business Administrator will work with your supervisor to enter the approved leave request in the time off system.

***My signature acknowledges that I have read and understand the policy in the employee handbook and am requesting a leave of absence under that policy.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

***Return form to the Business Administrator once it is completed.***