

# Extended Leave of Absence Request

Employee Instructions: Page 1 of this form is to be completed by the employee to request time off for an extended leave. Submit the completed form, along with Page 2, to your Manager or Company Human Resources Representative.

## Employee Data

Please Print

LEGAL NAME (as shown on employee's Social Security Card)			TRINET EMPLOYEE ID OR SOCIAL SECURITY NUMBER
Last	First	Middle	
HOME/CELL PHONE NUMBER	EMAIL ADDRESS	COMPANY NAME	

## Date of Leave

I am requesting a leave of absence beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  Intermittent  
 (Date) (Date)

## Reason for Leave

If this is a medical leave of absence I acknowledge that a medical certification will be required. If the certification is not received the leave may not be qualified as FMLA.

Personal Reasons (non-medical): \_\_\_\_\_

Military Leave Attach military orders

My own serious health condition (non-work related)  
Date of Disability: \_\_\_\_\_

The care of my spouse, child or parent with serious health condition

Maternity and/or care of a newborn child  
Estimated Due Date/Date of the event:: \_\_\_\_\_

The placement of a child for adoption or foster care.  
Date of the event: \_\_\_\_\_

Work related injury. Date of event: \_\_\_\_\_ Has a Worker's Compensation claim been filed?  Yes  No

"Any qualifying exigency" arising from the fact that a spouse, son, daughter or parent of the employee is on active military duty, or has been notified of an impending call to active duty status in support of a contingency operation.

To care for the serious illness or injury sustained in the line of active duty by a spouse, son, daughter, parent or next of kin of a covered service member, an eligible employee may receive up to 26 weeks of leave. \_\_\_\_\_

*Requirements:* A note from your physician indicating date of disability, date of leave, and estimated return to work date. Please fax a copy to TriNet LOA Department (510) 352-6480. If you are eligible for State Disability Insurance and/or TriNet sponsored Short Term Disability (STD) Long Term Disability (LTD) insurance, you will receive and initial notification letter which contains the state disability forms you should file. TriNet will file your STD and/or LTD claim directly with the insurer.

## HealthCare Flexible Spending Account

If you are currently enrolled in the HealthCare Flexible Spending Account program, your contributions will stop when your unpaid leave of absence begins. If you wish to continue eligibility for incurring claims, please indicate your choice to pay via:

One pre-tax lump sum contribution before unpaid leave begins

After-tax contributions by personal check or money order through COBRA-FSA

I do not wish to continue eligibility to submit claims or I am not enrolled in HealthCare FSA.

# Extended Leave of Absence Request

## Benefit Premium Repayment

I hereby authorize the repayment of the cost of my share of the benefit premiums through payroll deductions or otherwise. I'm requesting and authorizing, if approved by my employer, the following repayment schedule for any benefits in which I am enrolled:

- One time lump sum deduction from my earnings on my first check after returning to work\*
- Pro-rated deduction from my earnings over \_\_\_\_\_ pay periods, beginning after my return to work\*
- Repayment waived by my Company
- I have made other arrangements with my Company
- Not applicable – I am not enrolled in group benefits

\* In the event my employment with the Company terminates prior to the repayment dates, I hereby authorize TriNet and my Company to withhold any or all monies permitted by law from my final paycheck for repayment of benefit premiums.

I understand that the Company will treat any payment associated with this leave request in accordance with any applicable tax laws, including, if appropriate, treating said payments as taxable income to me and I understand that this requested repayment schedule is subject to final approval of my Manager and TriNet.

## Use of Vacation/Sick or PTO during Leave:

Will you be using sick, vacation or PTO while on LOA? (Hours will be applied to the beginning of the leave unless otherwise indicated in the notes)

- None
- Sick. Indicate how many hours will be applied \_\_\_\_\_
- Vacation. Indicate how many hours will be applied \_\_\_\_\_
- PTO. Indicate how many hours will be applied \_\_\_\_\_
- Other Type of Pay (other than regular, sick, PTO or vacation, such as Admin Pay or Floating Holidays). Type: \_\_\_\_\_ Hours: \_\_\_\_\_

## Please read the following important disclosures and information about your leave request.

1. My request for a leave of absence may be denied subject to the operational needs of the Company.
2. If I fail to report for work as scheduled for three consecutive days at the end of my approved period of absence as indicated above, I would be considered to have abandoned my job and voluntarily resigned.
3. I must provide my company with periodic updates as to my return to work.
4. If I'm allowed paid time off before I've earned or accrued the credit, such time is considered advanced wages, which I may be required to repay through payroll deductions or otherwise.
5. I understand that while I am out on unpaid leave, my company will be invoiced for my share of the benefit premiums for the maximum duration stipulated under my company Employee Handbook Addendum. It is my responsibility to repay my company such amounts.

EMPLOYEE SIGNATURE

DATE

# Extended Leave of Absence Request

**Company Instructions:** This page is to be completed by the worksite employer and will be submitted via HR Passport by an authorized Company Representative.

## Employee Data

LEGAL NAME (as shown on employee's Social Security Card)			TRINET EMPLOYEE ID OR SOCIAL SECURITY NUMBER
Last	First	Middle	
COMPANY NAME			

**TriNet will modify the employee's status in accordance with your directions. Please note the following:**

### Notifications:

The employee will receive a Leave of Absence Notification letter explaining the leave conditions and rights as they pertain to the leave. Any State or Federal notices of employee's right, under a State or Federal leave plan, will be sent to the employee's home address: Example: Family Medical Leave Act (FMLA), Pregnancy Disability Leave (PDL), California Family Rights Act (CFRA).

### Benefits:

In accordance with your Employee Handbook Addendum, benefits will end at the end of the month, or at the end of the month following 30 days of leave of absence if the employee is not FMLA eligible. COBRA will then be offered to the employee, if eligible.

If the employee is eligible for FMLA, benefits will end at the end of the month following the first 12 weeks of leave or sooner if FMLA has been used during the previous 12 months. COBRA will be offered the first of the month if the employee has not returned to work.

### Disability Claims:

TriNet will initiate the online claim on behalf of the employee when they are eligible for TriNet sponsored group short- and/or long-term disability benefits with MetLife. Participants in the Hartford plan will be sent filing instructions. State disability claim forms (when applicable) will be sent to the employee with their initial notification letter. These forms must be completed and filed by the employee.

### Payroll Time Entry:

- If the employee is using any accrued leave time to off-set the LOA, before the unpaid leave begins, this time should be reported on the Payroll Time Entry page along with the regular on-cycle payroll.
- Payroll time entries for an employee on unpaid leave should be sent to the TriNet Account Services Consultant (Example: bonus, commissions, payment of accrued time, holiday pay). Time entry via HR Passport will no longer be accessible for employees on unpaid leave until they return to work.

### Return to Work:

Please advise TriNet when the employee returns to work. A copy of the medical release (if medical leave) should be faxed to the TriNet LOA Department at (510) 352-6480. Please note that there may be Worker's Compensation liabilities, both to your organization and TriNet, if an employee is allowed back into the workplace prior to submitting a medical release from the attending physician.

## Leave and Benefit Premium Repayment Approval

<b>Extended Leave of Absence:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Benefit Premium Repayment:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> We have made alternate arrangements with the employee <input type="checkbox"/> Not Applicable- The employee is not enrolled in group benefits

## Leave of Absence Condition

<b>Please confirm:</b> <input type="checkbox"/> First day of leave: _____ <input type="checkbox"/> First day leave is unpaid: _____ <input type="checkbox"/> Employee's last day worked: _____ <input type="checkbox"/> Date of disability (if medical or worker's compensation): _____
Will the employee be using sick, vacation or PTO while on LOA? (Hours will be applied to the beginning of the leave unless otherwise indicated in the notes) <input type="checkbox"/> None <input type="checkbox"/> Sick. Indicate how many hours will be applied _____ <input type="checkbox"/> Vacation. Indicate how many hours will be applied _____ <input type="checkbox"/> PTO. Indicate how many hours will be applied _____ <input type="checkbox"/> Other Type of Pay (other than regular, sick, PTO or vacation, such as Admin Pay or Floating Holidays) Type: _____ Hours: _____
<b>Is this leave approved for FMLA? (Talk with your Human Capital Consultant if you need help determining)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Note:</b> If the employee is receiving PTO, sick, vacation or other pay, the company is responsible to report paid hours via time entry in HR Passport. If there is a need for additional pay from the onset of the unpaid leave, you will need to contact your Account Services Consultant.

## Company Signature

PRINTED NAME AND TITLE	SIGNATURE	DATE