



**REQUEST FOR LEAVE OF ABSENCE**

<b>Employee Name:</b> _____	<b>Location:</b> _____
<b>Supervisor:</b> _____	<b>Date of Hire:</b> _____
<b>Work Telephone:</b> _____	<b>Home Telephone:</b> _____
<b>Home Address:</b> _____	
_____	

I would like to request a leave of absence for the following reason:

- My own serious health condition**
- Serious health condition of:**  
**Spouse** \_\_\_\_\_ **Name** \_\_\_\_\_  
**Child** \_\_\_\_\_ **Name** \_\_\_\_\_  
**Parent** \_\_\_\_\_ **Name** \_\_\_\_\_
- Child Care – To care for child following birth** \_\_\_\_\_ **or adoption** \_\_\_\_\_  
Expected date of birth or placement for adoption \_\_\_\_\_
- Military**  
Call to active duty \_\_\_\_\_  
Qualifying exigency \_\_\_\_\_  
Caregiver leave \_\_\_\_\_
- Other** \_\_\_\_\_

Dates of Leave Requested:

- I request leave from \_\_\_\_\_ to \_\_\_\_\_ (Estimated Return)
- I request intermittent leave according to the following schedule: \_\_\_\_\_  
\_\_\_\_\_
- I request a reduced schedule leave according to the following schedule: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Once this form has been signed by both the employee and the manager, please email a copy to [benefits@intactinsurance.com](mailto:benefits@intactinsurance.com).