

## HUMAN RESOURCES

# Employee Leave Request Form

### Section 1: Employee Information

Employee Name \_\_\_\_\_ Today's date \_\_\_\_\_

Community Name and Location \_\_\_\_\_

Reason for requesting leave (*be very specific - this will help determine for which leave you are eligible*)

\_\_\_\_\_

Are you under the care of a physician?  Yes  No      Is leave to care for someone other than you?  Yes  No

If yes, who? \_\_\_\_\_

When is the first day you will be absent from work?\*

*\* If you are not sure, give an estimate or enter "To Be Determined". You must keep benefits notified of any date changes*

Estimated length of time off that you are requesting: \_\_\_\_\_

If applicable, how will leave be taken?  Continuously  Intermittently

Employee signature \_\_\_\_\_

### Section 2: Next Steps

- **Return this form** to [benefits@heritage1886.org](mailto:benefits@heritage1886.org) or fax to (716) 985-6620. Benefits will send out a leave information packet to your home address, as listed in Kronos.
- **If you are employed in IL, NY, or PA**, you may be eligible under Short Term Disability or under Paid Family Leave. To start your claim, contact MetLife at (866) 729-9201. Have the following information available: company name "The Heritage Ministries Charitable Care Network/Policy# 230812"; your personal/family member's information; physician information and reason for leave
- **If you are employed in WA** you may be eligible under Washington Paid Family and Medical Leave. To start your claim log on to <https://paidleave.wa.gov/apply-now/> or call (833) 717-2273