Montefiore

LEAVE OF ABSENCE REQUEST FORM

Instructions

- Associate shall complete PART ONE and shall submit this form to their Supervisor.
- The Supervisor shall sign-off on PART ONE and provide a copy to the Associate as proof of receipt.
- Within THREE (3) BUSINESS DAYS, the Supervisor must:
  a. Complete PART TWO of this form *and*
  b. Submit the COMPLETED FORM via Manager Self-Service (in HCM), attaching the completed document

If the Associate does not receive paperwork from CLAO within five (5) business days, the Associate shall contact CLAO at 914-349-8528, or by email at: CentralLeaveOffice@montefiore.org

PART ONE: *TO BE COMPLETED AND SIGNED BY ASSOCIATE**

***NOTE:** IN EMERGENT SITUATIONS, WHEN ASSOCIATE IS UNABLE TO COMPLETE THE FORM, **SUPERVISOR / NURSING ADMIN. OFFICE** SHOULD COMPLETE THIS FORM AND INITIATE THIS REQUEST IN HCM AND IS TO ATTACH THIS DOCUMENT IN HCM.

ASSOCIATE - YOU WILL BE NOTIFIED OF THE STATUS OF YOUR LEAVE REQUEST, BY THE **CENTRAL LEAVE OFFICE** WITHIN **5** BUSINESS DAYS FROM THE RECEIPT OF THIS FORM (IF YOU DO NOT, SEE CONTACT INFO ABOVE). CHECK HERE IF THIS SECTION WAS COMPLETED BY **Supervisor** ☐

Associate Name:	**Associate EZ ID #:**	**Date Request Made:**

Last Day Worked:	**Leave Start Date**:	**Expected Return Date:**

Type of Leave: ***Please select****

☐ **Family and Medical Leave (FMLA)**

☐ **Intermittent or** ☐ **Continuous**

☐ My Own Serious Health Condition (**for a Continuous Medical LOA check the box for Medical/Disability on the right side of this Form**)

☐ Birth of my child/ Care of my newborn *(Other than pregnancy maternity leave)*
☐ Placement of child/adoption or foster care
☐ Care for Family Member serious health condition
☐Spouse ☐Child ☐Parent ☐ Domestic partner
and /or in accordance with my collective bargaining agreement
Provide relationship of family member: _____

☐ Qualifying military emergency (exigency) arising out of
☐Spouse ☐Son/Daughter ☐Parent, being on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves

☐ Covered Military Service Member with a serious injury/illness
☐Spouse ☐Child ☐Parent ☐Next of Kin ☐ Domestic partner

☐ Medical/Disability
☐ Worker's Compensation
☐ Military
☐ Reserve Duty
☐ Maternity Leave
☐ Paternity Leave
☐ Education
☐ Union Leave
☐ Personal

(OVER - CONTINUED ON REVERSE)

Do not select both FMLA and NY PFL on the same Leave of Absence Form. If you need both FMLA and NY PFL, complete two different Leave of Absence Request Forms.

For a comparison between FMLA and NY PFL see https://www.mymontebenefits.com/legal-notices/new-york-paid-family-leave/paid-family-leave-and-the-family-medical-leave-act

PART ONE (CONTINUED)

☐ **NY Paid Family Leave (NY PFL)**
☐ Intermittent or ☐ Continuous

☐ I Elect to be paid by PFL benefits
☐ I Elect to be paid by available paid time off
☐ I Elect to supplement PFL benefits with available paid time off ("topping off")
(Only Available for Continuous PFL)

☐ Bond with a new born, a newly adopted or fostered child

☐ Care for Family Member serious health condition
☐Spouse ☐Child ☐Parent (including adoptive or stepparent)
☐ Domestic partner ☐ Grandparent ☐ Grandchild

☐ Assist family member due to another family member's active military duty or impending active duty abroad

Associate Signature: Date Form Submitted:

Associate Contact Information:

Street Address: Apt # City: State: Zip Code:

Home Tel#: Cell Tel#: Preferred Email:

Supervisor's Signature of Receipt from Associate:_____ Date: _____

(SUPERVISOR TO PROVIDE COPY TO THE ASSOCIATE AS PROOF OF RECEIPT)

PART TWO: TO BE COMPLETED BY SUPERVISOR

EDUCATION, PERSONAL, OR UNION BUSINESS LEAVES ONLY
DIRECTOR/Supervisor's RECOMMENDATION:

☐ Approve Leave ☐ Deny Leave (Requires comment below)

DISABILITY RELATED LEAVE

PLEASE COMPLETE BELOW:

LAST DAY WORKED: _____

LEAVE START DATE: _____

EXPECTED RETURN DATE: _____

PART THREE: FOR CLAO USE ONLY

Date CLAO Received:	Date CLAO Sent Associate Paperwork:
Misc.:	