

Leave of Absence Request Form

Employee's Name:			
<input type="checkbox"/> JMAC Resources		<input type="checkbox"/> JMAC Ready-Mix	
<input type="checkbox"/> IHD Liquids		<input type="checkbox"/> IHD Solids	
<input type="checkbox"/> JCO		<input type="checkbox"/> Pronghorn, LLC	
<input type="checkbox"/> WDW		<input type="checkbox"/>	
Street	City/Town	State	Zip Code
Home Telephone	Work Telephone	Date of Hire	
Type of Leave: Check One Below			
	Date Leave Starts	Expected Return Date	
<input type="checkbox"/> Employees Own Illness (FMLA) ¹	<input type="checkbox"/> Family Leave (FMLA) ¹	<input type="checkbox"/> Military (Attach a copy of orders)	
<input type="checkbox"/> Pregnancy & Child Birth	<input type="checkbox"/> Other (Non-FMLA) _____		
<small>¹ If eligible, all approved requests for Medical and Family Leave will be applied to the 12-week "Family Medical Leave Act" leave period. Employee must meet with HR</small>			
Reason For Leave: Provide a detailed explanation below. If this request is for medical leave, please DO NOT include specific medical information.			
Is this an extension of a current leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, original dates were from _____ to _____			
Signatures: I have read and understand the policy concerning leave of absence and certify the above information is true and complete			
Employee's Signature _____		Date _____	
Supervisor	(Print)	(Signature)	Date
General Manager	(Print)	(Signature)	Date

IMPORTANT INFORMATION

A "Leave of Absence Request Form" should be completed and submitted to your supervisor at least two weeks prior to commencing a leave, where advance knowledge of need exists. Forms are available in the Human Resource Office and on the intranet <http://jmac-web> or <http://10.0.1.20/>

The granting of a leave of absence without pay requires an assurance of reemployment by the division upon termination of the leave. Leave of absence without pay similarly requires the employee's intention to return to work at the end of the approved leave period.

The payroll department (509) 423-7494 ext 100 must be contacted by the employee prior to the beginning of a leave without pay to arrange for continuation of any benefits for which the employee is eligible.

If an employee is housed in JMAC Housing, he/she must contact the Housing Director prior to the beginning of a leave.

PLEASE NOTE:

- *Employee returning back from a leave will have to submit to a drug and/or alcohol test upon return.*
- *Employee will be unable to return to employee housing until the results from the drug/alcohol screen become available.*
- *If employee chooses to stay in motel, they will have to pay full price (out of pocket) for a room until the drug/alcohol screening results are available.*

Medical Leave

A medical leave is to be used when an employee is medically unable to work due to illness. Certification from a healthcare provider is required. The medical certification should include:

- Medical facts;
- The date the illness/condition began;
- The expected duration of the illness/condition;
- The regimen of treatment including an estimate of the amount of time required to be out of work; and
- An assessment of employee's ability to perform essential job functions.

Healthcare Provider for the purpose of applying for an Extended Sick Leave means a legally qualified physician. For unpaid leave under FMLA the definition of Health Care Provider is more encompassing. For more information contact Human Resources (701) 774-8511 ext. 111.

Family Leave

Leave without pay for the purpose of family care may be requested by eligible* employees for a period of up to 12 weeks in any 12 month period for the following reasons:

- to take care for a newborn, newly-adopted child or newly-placed foster child; or
- the serious health condition of a parent, child, or spouse.

**Employees with 1 year of service and who have worked 50% or more of a normal work week in the preceding year, may be eligible for up to 12 weeks of job-protected leave without pay within a 12-month period as provided under the Family and Medical Leave Act of 1993.*

The specific provisions and eligibility requirements for "Family Medical Leave Act" leave is noted in the JMAC Resources Employee Handbook. Please contact your Supervisor or Human Resource Officer if more specific leave of absence information is needed.

A Medical Certification Form is required for leaves related to the serious health condition of a family member. Additional certification may be requested for any extension of a leave period beyond 30 days. Documentation is required for leave related to adoption or placement of a foster child.

Military

For specific provisions and eligibility requirements for Military leave contact Human Resources (701) 774-8511 ext. 111

Other

The specific provisions and eligibility requirements for leave of absence without pay contact Human Resources (701) 774-8511 ext. 111