

### Information

#### Leave of Absence

Leave of absence is used to authorize and document time away from work in excess of seven calendar days.

#### Reporting Requirements

While on leave, you may be required to furnish Employee Benefits with periodic written reports of your status and intent to return to work.

#### Return to Work

When returning from a personal or educational leave, please contact Employee Benefits so your records can be updated accordingly.

### Question & Answer

- 1) How do I apply for a Leave of Absence?  
Complete sections 1-4 of the Leave of Absence Request and **submit the completed form to your department manager.**
- 2) What happens after I submit my request?  
You will receive a letter letting you know the approval/denial of your leave.
- 3) Will I be paid during my leave?  
PTO **must** be used and the amount of PTO used must be the same as normal scheduled work hours.

4) Is my job protected?

Personal and Educational leave is not a qualifying event for job protection under the Family Medical Leave Act (FMLA). Therefore, there is no guarantee that your position will be available when you return from leave.

If your position is not available upon return from leave, you may apply for another position by contacting the Employment Department. If a position is not secured within 30 calendar days, your employment will be terminated.

5) How will my HonorHealth group health insurance premiums be paid?

You are responsible for the subsidized cost of group health and voluntary life insurance premiums for a maximum of two pay periods after your PTO has been exhausted. After these two pay periods, you will be responsible for the total cost of group health and voluntary life insurance premiums.

If you fail to make the required premium payment, your group health and voluntary life insurance will be cancelled retroactively.

**See policy HR 1032 Leave of Absence for additional details.**

## Leave of Absence Request

### SECTION 1 – Personal Information

Name (printed) \_\_\_\_\_ Employee # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### SECTION 2 – Job Information

Manager \_\_\_\_\_ Ext \_\_\_\_\_ Time Card Supervisor \_\_\_\_\_ Ext \_\_\_\_\_  
 Hours Per Pay Period Regular Work Schedule  
 Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_  
 Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

### SECTION 3 – Leave of Absence Information

Reason for Leave (check one):

- Personal (max of 30 days) State reason leave is requested: \_\_\_\_\_  
 Educational (max of 6 months) (must attach a copy of class registration or schedule)

Last Day of Work \_\_\_\_\_ LOA Start Date \_\_\_\_\_ Approx LOA End Date \_\_\_\_\_

### SECTION 4 – Statement & Signature

I agree to the terms and conditions as outlined in policy HR 1032 Leave of Absence. I make application for all benefits to which I may be entitled and I do hereby certify that all of my statements on this form are true, accurate and complete. I understand that my leave of absence cannot begin until my direct supervisor and/or manager have approved my time away from work.

Staff Member Signature X \_\_\_\_\_ Date \_\_\_\_\_

### Department Manager Recommendation

Approve  Deny Reason: \_\_\_\_\_

Mgr Name (printed) \_\_\_\_\_ Mgr Signature X \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax completed documents to:  
**HonorHealth, Employee Benefits**  
 8125 N Hayden Rd, Scottsdale, AZ 85258-5199  
 Phone: (480) 323-4540, Fax: (480) 882-5802