



Client ID # \_\_\_\_\_

## APPLICATION FOR LEAVE OF ABSENCE

(This form should be used when the Employee knows of their need for leave of absence prior to the start date. It should be completed by the Employee, approved by the Supervisor, and submitted to your Oasis Payroll Specialist.)

<b>Name:</b>	_____	<b>Date of Application:</b>	_____
<b>Location:</b>	_____	<b>Department:</b>	_____

**Start Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_  
 (First Day of Leave) (For Approval, Date Needs to be Entered)

**Type of Leave Requested:** (Please check all that apply)

Oasis <b>will not</b> process for Family and Medical Leave (FMLA) for the following leaves:	
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Personal
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Vacation
<input type="checkbox"/> Military	<input type="checkbox"/> Other (please explain)

Oasis <b>will</b> process for Family and Medical Leave (FMLA) for the following leaves:	
<input type="checkbox"/> Maternity	<input type="checkbox"/> Placement of a Child (Adoption or Foster Care)
<input type="checkbox"/> Medical	<input type="checkbox"/> To Care for Spouse, Parent or Child

**Reason for Requested Leave:** \_\_\_\_\_

<b>Absence is to be:</b>	<input type="checkbox"/> Unpaid	<input type="checkbox"/> Partially Paid (Details below)	<input type="checkbox"/> Fully Paid (Details below)
Vacation Time to be used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (# of hours)	_____
Sick Time to be used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (# of hours)	_____
Personal Time to be used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (# of hours)	_____
Other Paid Time Off to be used? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes (# of hours)	_____

*NOTE:* In Workers' Compensation situations, substitution of sick time is not allowed in some states.  
 FMLA regulates that an Employee cannot be required to (but can elect to) use sick time for maternity, for adoption or foster care placement leaves.

*I understand that, unless I am on Family and Medical Leave (FMLA), I will be responsible for the full costs of my health insurance premiums. If I qualify for FMLA Leave, my Work Site Employer may invoice me or may pay my employee premiums of the health insurance benefits for the duration of eligible leave. If I was not invoiced while on FMLA leave, I authorize Oasis to bring my premium payments current when I resume work by double-deducting from my paycheck the employee premiums of the health insurance benefits which were not paid by me during FMLA Leave. I understand that in certain situations this obligation to pay these premiums may allow the Work Site Employer, who has paid these premiums, to collect this money outside of the employment relationship.*

*Although reasonable effort will be made, I understand that no guarantee of reinstatement can be made for a Non-FMLA Medical or Personal Leave of Absence. I understand that if I do not return from my leave of absence at the expiration of this leave, unless an extension has been approved in advance, I have voluntarily resigned my employment.*

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Oasis Employee #:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Please refer to your Employee Handbook for further leave details. Please confer with the Oasis Human Resource Department regarding eligibility for The Family Medical Leave Act.