

REQUEST FOR LEAVE

Please complete and email to Human Resources at: hrbenefits@ciee.org

Employee Name:	Employee ID:					
Manager Name:	Department:					
Anticipated Start Date of Leave:	Anticipated Date of Return:					
Type of Leave (check all that apply):						
Parental Leave (paid)***	Military Leave (unpaid)					
FMLA (Family Medical Leave – unpaid)	Personal Leave (unpaid)					
Short-Term Disability (paid)						
Comments:						
Employee Signature	 Date Signed					
. , ,	J					
Manager Cinnatana						
Manager Signature	Date Signed					

Please complete if requesting Parental Leave or FMLA (Must be completed and returned to HR 30 days prior to leave start date)

Reaso	n for Leave (select one):							
	Personal serious health condition							
	Serious health condition for spouse	my: Child	Parent					
	Birth of a child							
	Adoption of child or placement of child in foster care							
	Military caregiver (up to 26 w Spouse	veeks) for my: Child	Parent	Next-of-Kin				
	Impending call or order to active military duty or already on active duty for my:							
	Spouse	Child	Parent					
Туре	of Leave (select one, for FM	LA only):						
	Continuous							
	Intermittent							
Propos	sed Work Schedule:							
***Paren	tal Leave must be taken continuous	sly, CIEE works in tandem v	vith your State Lea	ve Laws/Programs				
Medica any un	al Leave Act of 1993 (FMLA)	and its associated regulate responsible for payi	ulations. I unde ng any missed	e governed by the Family and rstand that, upon returning from contributions towards any benefit				
Employ	yee Signature			Date				

^{*}All CIEE leaves require documentation and manager/HR approval and are subject to eligibility requirements

Please read and complete only if requesting Unpaid Personal Leave

For reasons not covered by the FMLA or another statutory leave program, employees may be granted, at CIEE's sole discretion, an unpaid personal leave of absence. A Personal Leave of Absence does not offer job protection and may be granted for justifiable reasons only and must not disrupt business operations. A Personal Leave may be granted for a maximum period of three months to staff who have a minimum of one year of service and are in good standing; meaning not on a performance improvement plan. All requests must be made in writing and submitted to the employee's department head and Human Resources for review and approval at least four weeks before the leave is to commence. If the request is necessitated by an emergency, the department head and Human Resources must be notified immediately.

Group Health Coverage:

CIEE will maintain group health coverage for up to the three months of a Personal Leave of Absence. If you are unable to return after three months, your employment would be terminated and you would become eligible for COBRA coverage. You have two options for paying your employee benefit premiums when taking unpaid leave. Please select one of the options below:

I elect to pay my benefit premiums via personal check while on leave.

I elect to pay my benefit premiums by make-up deductions upon my return.

- If paying while on leave, checks should be made payable to: CIEE.
- Please mail checks to: CIEE, 600 Southborough Drive, Suite 104, South Portland, ME 04106
 Attn: Human Resources

Regardless of the option you choose, if you either do not return to work after your Personal Leave or you leave CIEE before your outstanding premiums have been paid back through payroll deductions, you will be responsible for paying any outstanding premiums in full.

Accrued Time Off:

While on a Personal Leave of Absence, Vacation and Sick/Personal time will not accrue after the first four weeks. However, you will begin accruing Vacation and Sick/Personal time immediately upon return from your Personal Leave without losing you earned accrual status.

Holiday Pay:

While on a Personal Leave of Absence, employees are not eligible for holiday pay.

Summary:

I understand the terms and conditions of the Personal Leave of Absence outlined above. I further understand that I am required to exhaust my accrued, unused Vacation and Sick/Personal time during this leave of absence. I understand that, if I have any questions relating to my Personal Leave of Absence that I may speak with my manager, department head or Human Resources directly.

Employee Signature		

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