



EMPLOYEE REQUEST FOR PERSONAL LEAVE (NON-FMLA)

Employee Name:	Employee ID Number:
Manager Name:	Department:

Anticipated Start of Leave:	Anticipated Date of Return:
Reason for Personal Leave:	

I am requesting a personal leave of absence for the following period of time: # weeks: _____ # day: _____ # hours: _____

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 3 months in which your leave commenced. After this time, you will be eligible for COBRA coverage. You have two options for paying the employee portion of your medical and dental premiums. Please choose from one of the options below:

- I elect to pay the premium for my medical and dental coverage via personal checks while on leave.
- I elect to pay the premium for my medical and dental coverage by make-up deductions upon my return.

Checks are to be made payable to: CIEE.
Please mail checks to: CIEE
600 Southborough Drive, Suite 104, S Portland, ME 04106
Attn: Employee Benefits – 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 back any outstanding premiums in full.

Accrued Paid Time Off:

While on a Personal Leave of Absence, Vacation and Personal/Sick time will not accrue after the first 4 weeks. However, you will begin accruing Vacation and Personal/Sick Time immediately upon your return from your Personal Leave without losing your earned accrual status.



Holiday pay:

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

Summary:

I understand that the terms and conditions of this personal leave of absence outlined above. I further understand that I am required to exhaust my accrued, unused Vacation and Personal/Sick time off during this leave of absence per the Personal Leave of Absence Policy found in the CIEE Employee Handbook. I understand that, during this leave of absence, I will be responsible for paying the customary employee contribution toward any group medical and dental plan of which I am a member for the first month of my Personal Leave of Absence, as outlined in the Personal Leave of Absence Policy found in the CIEE Employee Handbook. 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

Date

Manager's Signature

Date

Department Head's Signature

Date

Return completed forms by:

Email – HRBenefits@ciee.org

Mail – CIEE

HR Benefits

600 Southborough Drive, Suite 104

South Portland, ME 04106

HR Use Only

Human Resources Print

Human Resources Signature

Date