Riesbeck's ®

LEAVE OF ABSENCE REQUEST

PERSONAL INFORMATION

Employee Name: _____   Phone Number: _____

Today's Date: _____   Store/Department: _____

TYPE OF REQUEST (*Please check one*):   [ ] **Medical**   [ ] **Non-Medical**

LEAVE OF ABSENCE DATES

Last Day Worked: _____   Expected Return Date: _____

LEGNTH OF REQUEST: [ ] **3 MONTHS**   [ ] **6 MONTHS**   [ ] **OTHER** _____

Please provide full explanation of reason for leave of absence

ATTENDING PHYSICIAN'S STATEMENT (*Please only complete if requesting a medical leave of absence*)

Date of Visit: _____   Expected Return Date: _____

Please provide nature of illnes (if maternty, please include expected date for delivery)

Physician's Name: _____   Phone Number: _____

Physician's Signature: _____   Today's Date: _____ _____

SIGNATURES

Employee's Signature: _____   Date: _____

Supervisor's Name (Printed): _____   Date: _____

Leave Administrator's Signature: _____   Date: _____