



MARION EYE CENTER & Optical

EMPLOYEE LEAVE OF ABSENCE

EMPLOYEE NAME _____
HOME STORE LOCATION _____ JOB POSITION _____
EMPLOYEE'S IMMEDIATE SUPERVISOR _____

REQUESTED DATES FOR LEAVE: _____ THROUGH _____

REASON(S) FOR LEAVE: _____

HAVE YOU AND YOUR PHYSICIAN FILLED OUT THE APPROPRIATE FMLA PAPERWORK (IF REQUIRED FOR THIS LEAVE)?

Yes Not Required for this Leave of Absence _____

***NOTICE – FMLA LEAVE is unpaid leave. If you have any vacation or personal time accrued, it will be used until it has been exhausted to compensate you during your approved leave of absence. You will not accrue more time while on leave. Once you have exhausted all available accruals, no compensation will occur during the remainder of FMLA leave.**

You will also be required to pay any deductions while on leave. If you are being compensated while on leave through accrual time, your regularly scheduled deductions will be paid through your accrued time off compensation. However, once that has been exhausted, it is the EMPLOYEE's responsibility to pay for those deductions they intend to keep through his or her leave of absence and beyond. A statement of the Employee's responsibility for these deductions beyond his or her accrual compensation will be sent by Human Resources to the Employee's residence detailing these charges. Failure to respond or to communicate with Human Resources in a timely manner may result in loss of benefits associated with these scheduled deductions.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____