



**CATHOLIC DIOCESE OF ROCKFORD
REQUEST FOR LEAVE OF ABSENCE FOR OTHER REASONS**

Employee: _____ Position: _____

Work Location: _____ City: _____

Last Day of Work is expected to be _____ Will Return to Work On _____

Reason for Request of Leave _____

To be eligible for a Leave of Absence for Other Reasons, you must be a full time non-contracted regular employee who has completed one continuous year of employment. Additionally, you must have exhausted your earned vacation days and personal days, and either exhausted all your MLA leave time or the reason for the leave does not qualify for FMLA leave, and exhausted your available time under any other applicable leave policies. Further, you must have exhausted all earned sick days as well if the need for this leave of absence is for a reason that qualifies under the sick days policy.

The request must be approved in advance by the employee’s immediate supervisor for a period of time not exceeding 90 days and may be limited to a period of time fewer than 90 days as determined by your supervisor in his or her discretion and the operational needs of the employer.

If your request for Leave is approved and you wish to continue the employer-provided employee health insurance coverage during the leave period, you are responsible for paying the employee portion of the premium to the employer during the leave period. If you have dependent coverage and wish to continue the coverage during the leave period, you are responsible to continue paying the dependent coverage premium as well as pay the employee portion of the employee coverage premium during the leave period. Dependent coverage may be continued only if employee coverage is continued. Contact the Diocese’s benefits department for specific requirements on payment amounts and making these payments.

You understand that there is no guarantee that your employer will return you to work, and/or that you will be returned to the job that you held at the time you began the leave when your leave ends.

You also understand that failure to return to work at the expiration of the Leave of Absence for Other Reasons, or failure to secure an approved extension prior to the expiration of the leave of absence, will be considered a voluntary resignation of your employment.

Employee

Date

Approved by:

Supervisor’s Signature

Date