



ENERGY & INFRASTRUCTURE SERVICES

~ Leave of Absence Request for Time Off ~

Employees of Brand are eligible for leaves of absence when they are unable to work due to certain medical or family situations. In order to determine your eligibility for leave of absence, you must complete this request form 30 days prior to the start of the leave or as soon as you are aware of the need for the leave of absence. Please provide the information requested below and read Form B related to leaves of absences.

Employee Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check the appropriate box to indicate what you are applying for:

- An initial leave An extension of a leave Work-related injury leave over 3 days

Requested Start date: _____ End date: _____

Indicate the type of leave you are requesting by checking the appropriate box:

- Medical leave for self in excess of 3 days leave (MEDICAL CERTIFICATION REQUIRED)
 Family leave to care for your child after birth. Anticipated or actual date of birth: _____
 Family leave to care for your child after placement due to adoption or foster care. Indicate anticipated or actual date of placement of adoption or foster care: _____
 Family leave needed to care for family member with serious health condition. Indicate relationship of family member: _____ (MEDICAL CERTIFICATION REQUIRED)

Planned return to work date: _____

If it is necessary to take the leave on an intermittent or reduced schedule basis rather than an uninterrupted leave, please indicate the reason and the specific work schedule you are requesting:

Earned, unused vacation is to be used prior to salary continuation or unpaid time. Amount of unused, accrued vacation prior to leave start is: _____ (to be filled out by HR Manager)

I agree do not wish to continue the employee portion of premiums for benefits during this leave. Failure to make premium payments within 30 days during the leave may result in cancellation of benefit coverage!

Welfare benefits can continue up to 90 days, after which Cobra application will be sent to the employee.

Employee Signature: _____ Date: _____

Supervisor's Name: _____

Return this form 30 days prior to your requested leave to: Brand Benefits by fax 314/985-0257 or email: benefits@beis.com. Any questions, please call the Benefits Dept. at 314/985-0256.