



FAMILY AND MEDICAL LEAVE ACT MILITARY LEAVE OF ABSENCE REQUEST

Employees who have worked for at least one year and for 1,250 hours over the previous 12 months prior to the request for leave, and work at a facility that employs 50 or more employees in a 75 mile radius, are eligible for leave.

Name: _____ Lawson #: _____
Unit #: _____ Hire Date: _____
Location: _____ Work Phone #: _____
Supervisor: _____ Home Phone #: _____

TYPE OF LEAVE REQUESTED:

(Check one box) I am requesting leave for the following reason:

- Leave for a qualifying exigency arising from the fact that employee's spouse, child, or parent is on, or has been notified of an impending call to, active duty status in the National Guard or Reserves (or as a retired member of the regular Armed Forces or Reserves) in support of a contingency operation ("Active Duty Leave").
- Leave to care for a spouse, child, parent (in-laws not included), or next of kin (nearest Blood relative) who is a current member of the Armed Forces (including the National Guard or Reserves) and who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces, provided that such injury or illness renders the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank or rating and for which the servicemember is undergoing medical treatment, recuperation or therapy, or the servicemember is in outpatient status, or is on the temporary disability retired list. This type of leave is referred to as "Servicemember Family Leave."

This leave may be granted in accordance with applicable law and company policy.

The Leave (or extension) is requested to begin on _____ and to end on _____

Signed: _____ Employee Name (printed) _____ Signature _____ Date _____

Approved: _____ Department Head (Printed) _____ Signature _____ Date _____
*Pending Corp.
HR approval*

Approved: _____ Corporate Human Resources (Printed) _____ Signature _____ Date _____