



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

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

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