



Albert Einstein College of Medicine



1199 UNPAID LEAVE OF ABSENCE REQUEST FORM

Pursuant to Article XVIII of the collective bargaining agreement between Albert Einstein College of Medicine and 1199 SEIU, bargaining unit members may be eligible for *unpaid* leaves of absence without loss of seniority or status. Bargaining unit members seeking a leave of absence should refer to Article XVIII the collective bargaining agreement for specific guidelines, eligibility requirements and return to work conditions.

Absent extenuating circumstances, Sections I – III of the Unpaid Leave of Absence Request Form must be fully completed and submitted to Einstein’s Benefits Office at least sixty (60) days prior to the requested leave commencement date. If you have questions about your leave or if circumstances change during your leave, contact Einstein’s Benefits Office immediately at (718) 430-2566 or by email at benefits@einstein.yu.edu.

Section I. Employee Information

Employee Name: _____ Clock# _____

Supervisor’s Name: _____ Department: _____

Address during leave: _____

Home Phone: _____ Cell phone: _____ Email: _____

Section II. Leave Request Information

First Day of Leave: _____ Return to Work Date: _____

Reason for Leave: *Education Family Personal Union Military Maternity* Medical**

*For medical or maternity leaves of absence, employees must first apply for disability/FMLA. FMLA leave may run concurrently with approved medical or maternity leaves of absence. Periodic medical documentation may be required. Some or all of this time may be covered by accrued sick pay and benefits through the 1199 Benefit Fund.

Section III. Employee Acknowledgement

- I agree and acknowledge that:**
- *If approved, my leave of absence will be without pay, including pay for holidays falling during the leave period.*
 - *If approved, I will not accrue any benefits while on leave of absence (eg. sick, vacation, personal, etc.).*
 - *Any requested modification to an approved return to work date must be made to Einstein’s Benefits Office four (4) weeks prior to the scheduled return date and is subject to approval by Einstein.*
 - *My failure to return to work on or before the return date of my approved leave will be considered a voluntary resignation, if no prior arrangements for an extension have been made.*

Employee’s Signature: _____ Date: _____

Section IV. Approval (check one)

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor Name	Signature	Date		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department Director Name	Signature	Date		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VP, Human Resources Name	Signature	Date		

Departments shall complete Section IV of the Unpaid Leave of Absence Request Form and return a signed copy to Einstein’s Benefits Office within ten (10) calendar days upon receipt.