



Albert Einstein College of Medicine

Montefiore

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 the employee's supervisor at least sixty (60) days prior to the requested leave commencement date.

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.*

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 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)

_____ 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Departments shall complete Section IV of the Unpaid Leave of Absence Request Form and return a signed copy to the Vice President, Human Resources within ten (10) calendar days upon receipt.