EINSTEIN
Albert Einstein College of Medicine

Montefiore

EXTENDED LEAVE OF ABSENCE REQUEST FORM

It is Einstein's policy to consider employee requests for Extended Leave of Absence for purposes of:

- Caregivers' Leave (up to 3 months)
- Medical/Disability Leave (up to 6 months)
- Parental Leave (up to 12 months)
- Personal Leave (up to 6 months)

Extended Leaves of Absences are without pay and granted at the discretion and convenience of Einstein.

If you have questions or if your circumstances change during an approved leave, contact the Benefits Office at (718) 430-2566 or by email at benefits@einstein.yu.edu

SECTION I. Employee Information

Employee Name: _____

Department: _____

Address during Leave: _____

Phone during leave: _____ Cell phone: _____

Email during leave: _____

SECTION 2. Leave Request

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

Reason for Leave: ☐ Caregiver ☐ *Medical/Disability ☐ Parental ☐ Personal

***FMLA leave may run concurrently with Extended Medical/Disability Leave. Employees may only apply for Extended Medical/Disability Leave if they have exhausted FMLA benefits or are ineligible for FMLA.*

SECTION 3. Employee Acknowledgement

I agree to conform to the terms and conditions of Einstein's Extended Leave of Absence policy and acknowledge that:

- *there is no guarantee of reinstatement to the same or equivalent position*
- *this is an unpaid leave of absence*
- *I will not accrue additional sick and vacation time*
- *I will not receive pay for holidays that fall during the leave period*
- *to continue any of my benefits, I will pay 100% of the cost (employee & employer portion).*
- *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 Signature: _____ Date: _____

SECTION 4. Approved Not Approved

Name (Supervisor/Administrator)	Signature	Date
Name (Division Chairman/Dept. Director)	Signature	Date
Name (Director of Benefits)	Signature	Date

NOTE TO EMPLOYEE: Upon completion of Sections 1-3, return this form to your Supervisor.
NOTE TO SUPERVISOR: Upon completion of Section 4, return this form to the Benefits Office for processing.