

Leave of Absence Request

(Other than Required Family or Medical Leave)

Heritage Products Incorporated

2000 Smith Avenue
Crawfordsville, IN 47933

Name _____

Date ____ / ____ / ____

Department _____

Hire Date ____ / ____ / ____

Title _____

Length of Service _____

Employee Payroll # _____

Status: Full Time Part Time Temporary

To Be Completed By Employee

Leave To Start ____ / ____ / ____

Expected Return Date ____ / ____ / ____

With Pay

Without Pay

All requests for paid or unpaid Leave of Absence must be accompanied by the appropriate documentation (e.g. Military Orders, Subpoena, etc.)

Reason:

Personal

Jury Duty

Military

Education

Other

Details: _____

In cases other than leave requested for military or jury duty, I make this request for a Leave of Absence with the full understanding that: (a) my current job may be eliminated during the term of my leave of absence; (b) the vacancy created by my absence may be filled by another employee; (c) in the event that my current job is eliminated or filled by another employee, I may be considered for other positions within the company that would be comparable to my former position; and (d) in the event that no such comparable position is or becomes available during the one month period following the termination of my leave of absence, my status will be changed to that of a terminated employee.

I also understand that if I do not return ready to work on the above date or contact my Supervisor or Manager, I will be considered to have abandoned my job.

Employee Signature _____

Date ____ / ____ / ____

Leave Approval

Supervisor/Manager _____

Date ____ / ____ / ____

Human Resources _____

Date ____ / ____ / ____

Payroll Instructions

