technicolor

CREATIVE STUDIOS

# REQUEST FOR LEAVE OF ABSENCE

**An employee who is absent from work for a period of more than FIVE (5) consecutive sick days, excluding vacation days and floating holidays, is required to request a leave of absence. All leaves of absence are processed by our third-party administrator, in coordination with the Benefits Team and Human Resources.**

**A Request for Leave of Absence Form must be used for all leave requests and must be submitted at least 30 days prior to the leave, if foreseeable. Otherwise, the request should be made as soon as practical. Once completed, please email signed copy to Becky Burns at Rebecca.burns@technicolor.com**

## Employee Information

**Name (printed)** _____ **Employee ID # (Global)** _____ **Residing State** _____

**Phone number** _____ **Personal email address** _____

**Company name: TCS** ☐

**Does your position support the Mill's operations? Yes** ☐ **No** ☐

## Dates of Requested Leave

| | |
|---|---|
| **Estimated Start Date** _____ | **Estimated End Date** _____ |

## Type of Requested Leave

**Please reference leave Policies**

**Continuous Leave**

☐ Absences longer than five scheduled workdays taken in one block of time

**Intermittent Leave**

☐ Days or hours, broken down into increments, for appointments and/or flare-ups of documented condition

**Please indicate the applicable reason for leave below:**

- ☐ The serious health condition of the employee that makes the employee unable to perform the essential functions of his or her job - **PLEASE SPECIFY:** ☐ Not Work-Related ☐ Work-Related **(If medical condition is work-related, please reach out to the company's workers' compensation department to obtain and complete the appropriate forms)**
- ☐ The birth of a child and/or in order to care for and bond with that child
  I am the: ☐ Primary Caregiver ☐ Secondary Caregiver
- ☐ For incapacity due to pregnancy, prenatal medical care or childbirth
- ☐ The placement of a child for adoption or foster care and to care for the newly placed child
- ☐ To care for a spouse, child, or parent with a serious health condition
- ☐ Qualifying exigencies arising out of a family member's active duty or call to active duty in the Armed Forces to care for an injured or ill servicemember

**Personal**

☐ For any non-medical reason, subject to **HR & Manager's approvals**

**Military Leave**

☐ Active Duty
☐ Reserves

## Employee Acknowledgement

**By signing below, I understand and acknowledge the following statements:**

- ***I must comply with the policy and procedure of notifying Human Resources and Benefits of my need for time off including filing for leave of absence to the Company's third-party administrator.***
- ***It is my responsibility to submit any required documentation, to support my leave request, to the third-party administrator within the requested timeframe.***
- ***If the required documentation is not provided by me to the third-party administrator my leave request may be denied.***
- ***If any time off requested is not approved my leave will be considered unauthorized and may lead to disciplinary action for attendance even up to and including termination.***
- ***Employees must use up to 40 hours of sick time for the first 5 days of leave if applicable, otherwise vacation can used.***

| Employee Name Printed | Employee Signature | Date |
|---|---|---|

## Manager/Supervisor Informed Understanding

**By signing below, I understand and acknowledge, that I have been informed that the employee may be off work for the time requested.**

| Manager/Supervisor Name Printed | Manager/Supervisor Signature | Date |
|---|---|---|