



VOLUNTARY UNPAID PERSONAL LEAVE REQUEST FORM

Requests three working days or more

Employee Name: _____

Location: _____

Date(s) Requested Unpaid: _____

Non-exempt (hourly) employee can take voluntary unpaid leave in half-day or full-day increments.

Exempt employee must take leave in full-day increments.

I have been advised that my leave of absence will be without pay, however I may be required by company policy to use any available PTO or any other company paid time during my leave.

If this leave is due to a medical condition, I understand that I will be required to submit a Fitness for Duty completed by my physician to return from my leave. During this leave of absence, Connections Credit Union agrees to continue sponsoring my benefits. If applicable, I agree to reimburse the employer per Leave of Absence Policy for my share of the premiums paid on my behalf. I understand that if I do not pay my share of the premiums, the company reserves the right to collect them from me.

Employee's Signature: _____ Date: _____

Approved: _____ Denied: _____

_____ If denied, reason for denial:

Supervisor Signature: _____ Date: _____

HR Department Signature: _____ Date: _____

Connections Credit Union has the right in its sole discretion not to hold my position open until I return and I may other be re-employed in a different position or may lose the opportunity to continue my employment in any position if no replacement job is available or is not offered. There is no guarantee that a position will be available upon my return. If my employment is terminated, I may become COBRA eligible the first of the month following the termination, provided the employer's health plan is required by law to provide me this benefit. I also understand that Connections Credit Union may consider an extension of my leave as a reasonable accommodation under the Americans with Disabilities Act if my medical condition is covered under this act. No other representations or promises regarding continued employment or job security have been made to me, as i am an "at-will" employee, free to resign at any time and capable of being terminated at any time with or without cause. I acknowledge that if I breach any of the representations contained herein above, or if my leave request is granted, but the purpose or nature of the leave was misstated, Connections Credit Union may discipline me up to or including immediate termination.

A copy of this signed document was sent to:

- ___ Employee
- ___ Supervisor
- ___ HR Department