



The Arc Mercer, Inc.
Medical Leave of Absence Form

Name: _____ Employee #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

I am requesting a _____ day Leave of Absence starting on _____ and I will return to work on _____ (60 calendar day maximum, see Leave of Absence Policy in the Employee Handbook)

If my leave is approved, I understand the following:

- While I am on leave, I will not accrue any additional Vacation or Sick benefit time.
- I am not guaranteed to return to my same position, based on the needs of the organization.
- At the time of my return, I will be offered the option to accept any currently open full-time or part-time position for which I am qualified.
- Failure to accept an open position for which I am qualified upon my return will be considered a voluntary termination.
- Failure to report for work at the end of my Leave of Absence will be considered a voluntary termination.
- If there is no open position at the time I return from leave, this will be considered a voluntary termination, but I may be eligible for rehire at the employer's discretion.
- At the start of my Leave of Absence, I must provide certification from my physician stating that I am unable to work.
- Upon my return from Leave of Absence, I must provide certification from my physician that I am physically able to perform the duties and responsibilities as outlined for the position. This certification must be on the Arc Mercer Physician Release Form.
- During my leave, I am required to reimburse the agency 100% of my medical insurance premium. Failure to make these payments will result in cancellation of my insurance coverage.
 - **The monthly fee is \$_____ which will be due on: _____**
 - I will receive a monthly statement for my financial records.
- I am required to notify the agency if there is any change in my return to work date, prior to the return date.

Signature of Employee

Date

Please return this form to the Human Resources Department

ADMIN USE ONLY

Approved [] Denied []

Eligible for Rehire:

Yes []

No []

OED Signature

Date