



The Arc Mercer, Inc.

Personal Leave of Absence Form

Name: _____ Employee #: _____

Address: _____

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 #4.9).

Reason for leave request: _____

By taking this leave, 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.
- 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.

Signature of Employee

Date

Please return this form to the Human Resources Department

HR USE ONLY

Approved: _____

Denied: _____ Director of Human Resources _____ Date

The Arc Mercer

180 Ewingville Rd.
Ewing, NJ 08638