AMP United Employee Time Off Request Form

Employee Name: _____ Employee Number: _____

Date _____/_____/_____

Leave Begin date _____/_____/_____ Expected Return to Work date _____/_____/_____

Type of Leave of Absence Requested:

- ☐ Vacation Leave
- ☐ Bereavement 3 days for close family
- ☐ Illness/Injury/Incapacity of employee
- ☐ Care of a family member/illness/injury
- ☐ Jury Duty
- ☐ Military Service
- ☐ Maternity/Paternity
- ☐ Personal Leave/Other

Personal Leave and Other requests must be explained in the comment area below. In addition, they must be approved by Area Manager.

Comments

_____

_____

_____

Review / Approval

☐ **Approved** ☐ **Denied**

Paid/ Unpaid

☐ **Paid** ☐ **Unpaid**

Review Benefits / Insurance Repayment Plan Needed:

☐ **Yes** ☐ **No**

Total Insurance Cost Per Pay Period:_____

I,_____, acknowledge my weekly insurance premiums will not be taken out of my paycheck during the week of _____.

I will repay the company as follows:

A.) A lump sum in the amount of $_____taken out in the next paycheck.

B.) A check written out to AMP United, LLC in the amount of $_____.

C.) Split between the next _____ paychecks. Deductions will be scheduled for _____ in the amount of $_____ each.

Signature Required:

_____ _____

Employee Signature Date Supervisor Print / Sign / Date

_____ _____

Human Resources Date Payroll Date