



Please check all that apply:

First Request       Extension  
 Personal               Bereavement

**PERSONAL / COMPANY LEAVE OF ABSENCE  
APPLICATION FORM (NON-FMLA)**

**Instructions:** This form is to be completed by all employees requesting Personal and Medical leave of absences that are not FMLA eligible.

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Home Phone Number: (        ) \_\_\_\_\_ Work Phone Number: (        ) \_\_\_\_\_

Current Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ Request: \_\_\_\_\_ Last \_\_\_\_\_ Day \_\_\_\_\_ Worked: \_\_\_\_\_

Project/Department: \_\_\_\_\_ Date of \_\_\_\_\_ Hire: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Perf. Review \_\_\_\_\_ Date: \_\_\_\_\_

**LEAVE PERIOD:** Requested Start Date: \_\_\_\_\_ Requested End \_\_\_\_\_ Date: \_\_\_\_\_

Return to Work On: \_\_\_\_\_ Reduced \_\_\_\_\_ Work \_\_\_\_\_

Week:    No                      Yes  
                     

**EXPLAIN REASON(S) FOR LEAVE** *(Please keep explanation at high level in order to protect your health privacy. Use additional pages, if necessary. Attach supporting documentation. Medical leaves require medical certification.)*

\_\_\_\_\_

**For Bereavement Leave:** Intermittent Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

• Please provide the obituary or other documentation of death occurrence.

**Please read the following statements. Your signature below will serve as confirmation that you have read and understand these guidelines.**

1. I have read my employer's policies specific to leaves of absence.
2. I understand I have 15 days to submit Personal / Company Leave forms for review.
3. I am a regular full-time or part-time TTEC employee and have completed my introductory period.
4. I understand and agree that approval of this leave of absence is conditioned upon my providing, in a timely manner, any documentation deemed necessary by the Company to support this request.
5. The dates on which my leave is to start and end, and the date on which I will return to work, are as above.
6. I understand and agree that if I wish to extend my leave beyond the initial period, I must make a timely request and provide TTEC with any documentation deemed necessary by the Company to support an extension.
7. I understand and agree that while I am on an approved leave of absence from TTEC, I am not to perform work for any other organization or individual. Violation of this condition may result in disciplinary action, up to and including termination.
8. If I fail to return to work following the expiration of my leave of absence, without having made prior arrangements to extend my leave, TTEC may assume that I have resigned from TTEC.
9. I understand and agree that it is my responsibility to contact my HC Representative to make arrangements for returning to work. If I am able to return to work prior to the expiration date of my leave, I must immediately contact my HC Representative.
10. I understand and agree that employment with TTEC following my leave of absence is not guaranteed. My return will be contingent upon the availability of work in my current position or a comparable position, provided I am qualified for the position.
11. I understand that while I am on leave of absence, I am responsible for submitting, in a timely manner, payment to the Company for my portion of benefit premiums.
12. I understand that this leave is only to be used in the event that I am ineligible for FMLA, ADA or any other legally protected leave.

**I have read, understand, and agree to the terms and conditions set forth above.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEAVE OF ABSENCE APPROVALS**

**Signatures**      Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_  
                          Department Director\* \_\_\_\_\_ Date \_\_\_\_\_

\* Approval of the Department Director or designate is required for leaves of more than 30 days.

**RETURN TO:**  
 TTEC Leave Administration Center  
 PO Box 1806, Alpharetta, GA 30023-1806

Phone: 1-877-286-1927

FAX: 1-866-568-6444