



Teleperformance

PERSONAL LEAVE OF ABSENCE APPLICATION FORM (NON-FMLA)

Section A - TO BE COMPLETED BY EMPLOYEE			
Employee Name (First, MI, Last)		Employee CCMS ID & Location Name:	
Employee Phone Number Home: ()		Work: ()	
Employee's Home Street Address	City	State	Zip
Leave Request: (e.g. 01/31/2003)		Last Day Worked:	
From / / to / /		/ /	
Reason for Employee Leave: (If leave is for a family member, explain the care you will provide)			

Please read the following statements. Your signature below will serve as confirmation that you have read and understand these guidelines.			
<ul style="list-style-type: none"> • A Personal Leave of Absence must be at least seven (7) calendar days up to a maximum of six (6) weeks. For requests outside of the parameters of the Personal Leave Policy, please speak with your HR Representative. • I have read my employer's policies specific to leaves of absence. • I understand I have 15 days to submit Personal Leave forms for review. • I understand my failure to complete any of the required forms within the specified timeframes above may result in the denial of my leave and discontinuation of pay. • I understand a Return to Work Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to my Human Resources Coordinator prior to my return to active work. <p>IMPORTANT: It is required that you notify your Human Resources representative of your return prior to resuming work following an approved leave.</p> <ul style="list-style-type: none"> • I understand failure to return to work or to keep my employer and Leave of Absence Service Center informed of my return to work may constitute a voluntary resignation of employment (commonly referred to as "job abandonment") and may lead to the end of my employment with Teleperformance. • I hereby authorize my employer's designee to contact me or my family member's treating health care provider to clarify or authenticate the medical certification if applicable. 			
EMPLOYEE'S SIGNATURE (Must sign to proceed. May be written or electronic)			DATE (e.g. MM/DD/YYYY)
HUMAN RESOURCES SIGNATURE (Must Sign to Proceed. May be written or electronic)			DATE (e.g. MM/DD/YYYY)

<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____			

Return to:
Human Resources Department