



## LEAVE OF ABSENCE APPLICATION FORM

<b>Section A - TO BE COMPLETED BY EMPLOYEE</b>			
Employee Name (First, MI, Last)		Employee ID:	Date of Birth:
Employee Phone Number	Home: (    )	Work: (    )	
Patient's Relationship To Employee (FMLA and State Leave Requests Only)			
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child - <i>Child's Birth Date:</i> _____			
<input type="checkbox"/> Domestic or Civil Union Partner <input type="checkbox"/> Other: _____			
Employee's Home Street Address		City	State      Zip
Leave Request: (e.g. mm/dd/yyyy)		Last Day Worked:	Intermittent Leave
From    /    /    to    /    /		/    /	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reason for Employee Leave: (If leave is for a family member, explain the care you will provide. If "in loco parentis" status applies, please explain your relationship to the person needing care. "In loco parentis" refers to someone with day-to-day responsibilities to care for and financially support a child, or a person who had such responsibility for the employee when the employee was a child.)			
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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"> <li>• I have received and read the Family and Medical Leave Act Notice included in this packet of information.</li> <li>• I have read the Russell Stover Chocolates Company Policies and Frequently Asked Questions specific to my leave of absence.</li> <li>• I understand I have 20 days to submit FMLA and/or Leave of Absence forms for review. I also understand all documents <b>must be submitted in English</b>.</li> <li>• 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, if applicable.</li> <li>• I understand a Fitness for Duty Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to Leave Administration at least two business days prior to my return to active work.</li> <li>• I understand failure to return to work or to keep my Manager and Leave Administration informed of my return to work may constitute job abandonment and lead to termination of my employment with Russell Stover Chocolates.</li> <li>• I understand my employment with Russell Stover Chocolates is considered broken if I obtain or engage in other employment during my leave of absence.</li> <li>• I hereby authorize my employer's designee to contact my, or my family member's, treating health care provider to clarify or authenticate the medical certification if applicable.</li> </ul>			
EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)			DATE (e.g. mm/dd/yyyy)

Please mail or fax a copy of the completed and signed application form to the address shown below.

Leave Administration  
 PO Box 1806  
 Alpharetta, GA 30023-1806  
 Phone: 1-866-356-8086  
 Fax: 1-866-568-6444