



Personal Leave of Absence (PLOA) Request Form

This form is to be completed for an employee requesting a leave of absence for reasons that fall outside of FMLA guidelines and therefore not eligible for either an FMLA or Company LOA according to enterprise policy. Attach any supporting documentation available to substantiate the need for the Personal Leave of Absence. If more room is needed for explanation, attach additional paperwork.

Upon completion, forward this form to your Supervisor or Supervisor's designee.

Section A

Employee Name: _____ Date: _____
Employee Address: _____ Supervisor: _____
Work Site: _____ Full Time Part Time
Position Title: _____ PRN FFS

I acknowledge there are no guarantees of reinstatement to a position however efforts will be made so I may be reinstated to the same or similar position held prior to the leave. If currently participating in health benefits through the company, benefits will continue only for the paid portion of the leave.

Employee Signature Date Submitted

Section B

Reason for Personal LOA	Leave Dates
<input type="checkbox"/> Unpaid Leave Due to Domestic/Sexual Violence (Philadelphia only)	Last Day Worked: _____
<input type="checkbox"/> Other: _____	Projected Start Date: _____
_____	Projected End Date: _____

Section C

Date Received Supervisor Signature

Section D

Approve Deny Denial Reason: _____

Director Signature Date Leave taken in the last 12 months?
 Yes No

Human Resources Signature Date

Section E

Process Reviewed

Leave Manager Signature Date Reviewed



Personal Leave of Absence Request Form Instructions

The Sections stated below match the PLOA form.

Section A - Employee

This section must be completed by the employee. Form must be signed by the employee. Please submit directly to the supervisor or the supervisor's designee as soon as possible upon completion. The date in this section should reflect the date the form was submitted.

Section B - Employee

This section must be completed by the employee. The section needs to outline the reason for the leave and the start and end date of the leave request. If applicable, any supporting documentation must be attached. If more room is needed for the explanation, additional paperwork may be attached.

Section C – Supervisor/Manager

The supervisor or supervisor's designee must sign and date the form when received. The supervisor should contact the Human Resources Peoples Operations Partner (POP)* within 48 hours of receipt.

Section D – Program/County/Service Line Director

Approval Process – The supervisor needs to submit the request form to the Program/County/Service Line Director for review. The Director in conjunction with the supervisor and POP* will approve or deny the request as soon as possible but not later than one week of receipt of the request form. If denied, the reason for the denial must be outlined on the form.

- The completed and signed PLOA form must be sent to the Leave Manager by email at Jennifer.Rice@merakey.org or fax (267) 440-4515.
- The employee will be sent the PLOA Designation Notice to inform them of the status of their request.

Section E (Added 1/24/2022) – Leave Manager

The Personal Leave approval process must be reviewed by the Leave Manager to ensure consistent application of the Personal Leave Policy. The Leave Manager will sign off to acknowledge completion of the review and submit to the leave administrator.

The Leave Manager's signature must be on the PLOA Request form before the leave administrator can process the denial or approval of the Personal Leave.

* Human Resources Peoples Operations Partner (POP) was the Employee Relations Manager (ERM)