

Leave Request Form

When an employee is absent or requests time off for 3 or more days, we must determine if they are out for reasons that may be covered under the company's leave policy. Please complete this form and send it to the office.
(If in doubt, please send it in.)

Store# _____

Name: _____ Address: _____

Phone: _____ Email: _____

Leave to Begin: _____ Return Date: _____

(If you are unsure about dates provide approximate dates, they can be adjusted later)

Requesting Leave Due To:

- The birth of a child or the placement of an adopted or foster child in the home.
 - A serious health condition that the employee needs care for.
 - A serious health condition affecting a spouse child parent, for which the Employee is needed to provide care.
 - Other: _____
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**PLEASE PROVIDE MEDICAL DOCUMENTATION
AS SOON AS IT IS AVAILABLE**

You will be contacted with instructions on what additional information, if any, is required. Please refer to your Employee Handbook for descriptions of the types of leave available to you. If you have any questions please contact Kendi in Human Resources at 970-245-0898 x325 or kendi@colcal.net.

**RGM- FAX completed request with medical documentation
(if available) to Kendi in the office. A formal request must be
submitted in writing for any leave approval.**