

PERSONAL LEAVE OF ABSENCE REQUEST

THIS FORM, IMPLEMENTING COMPANY POLICY, MUST BE COMPLETED AND SIGNED TWO WEEKS PRIOR TO THE LEAVE START DATE.

NAME (Last, First, Initial)	EMPLOYEE NO.	CCC
PERIOD OF LEAVE: FROM _____ TO _____		
PURPOSE OF LEAVE:*		
<p>CONDITIONS OF LEAVE OF ABSENCE:</p> <ul style="list-style-type: none"> • LEAVES OF ABSENCE ARE GRANTED UNDER THE TERMS AND CONDITIONS SPECIFIED IN PRACTICE HR-3-8. <ol style="list-style-type: none"> 1. General Counsel approval is required when the purpose of leave is to accept an Elective or Appointive Government position, or when there appears to be a potential Conflict of Interest as described in Practice ST-1-2. 2. A Leave of Absence is not granted to accept other employment, except in cases specified in Practice HR-3-8. Employment with the Company will be terminated if other employment is accepted while on a Leave of Absence. 3. Employees must clear through Employee Benefits prior to departure on Leave of Absence to arrange and sign for continued participation in their Employee Benefits. 4. Participation in the Company's Retirement Plan continues, with limitations, as described in Practice HR-3-8. 5. Employees must clear through the Security and Safety Department prior to departure on leave for retrieval or disposition of badge, identification card, and classified material accountability. Employees must also clear through other company organizations to assure proper discharge of any obligations prior to going on leave. 6. The Company cannot guarantee re-employment at the termination of the leave. However, reasonable efforts will be made to provide a suitable or acceptable position. See Practice HR-3-5 concerning Military Leave of Absence. 7. The employee must notify Employee Relations and request consideration for re-employment within a reasonable time prior to the expiration of the leave. Failure to notify Employee Relations will result in termination without further notice at the expiration of the leave period. • I HEREBY CERTIFY THAT I UNDERSTAND THE OPTIONS CONCERNING CONTINUED PARTICIPATION IN THE EMPLOYEE BENEFITS PROGRAMS; THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE LEAVE AND RE-EMPLOYMENT RIGHTS AS DESCRIBED ABOVE AND IN THE REFERENCED COMPANY PRACTICES. 		
EMPLOYEE SIGNATURE:		DATE:

LINE SUPERVISION	DATE	GENERAL COUNSEL (for civic leave only)	DATE
MANAGEMENT LEVEL 4 (Up to and including 90 days)	DATE	EMPLOYEE BENEFITS	DATE

Send Completed form to Employee Benefits – M3/433