

LEAVE OF ABSENCE (LOA) REQUEST FORM



EMPLOYEE INFORMATION

Employee Name:	Employee ID #:
Hospital Name:	Hospital State:
Are you legally married to someone also employed by WellHaven? YES NO	
If yes, what is the name of your spouse? _____ Employee ID#: _____	

LEAVE OF ABSENCE DATES

Anticipated Start Date:	Anticipated End Date:
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FAMILY MEDICAL LEAVE

Continuous time off or intermittent?		To care for self or family member?	
Intermittent LOA	Continuous LOA	To care for self (employee) _____	To care for family member
If caring for a family member, relationship to employee:			
Legally Married Spouse	Domestic Partner (DP)	Civil Union Partner	
Child/Step-Child/Foster or Adopted Child/DP's Child	Loco parentis	Grandchild	Parent Parent-in-Law
Foster Parent	Son/daughter-in-Law	Sibling	Step-Sibling Sibling-in-law

PREGNANCY DISABILITY & MATERNITY/PATERNITY/ADOPTION/FOSTER LEAVE

DEFINITIONS & EXPLANATIONS

Pregnancy Disability	<ul style="list-style-type: none"> The period of time when leave is taken before birth and during pregnancy recovery after birth. This ends when the mother is released to return to work by her doctor (usually 6 -8 weeks).
Bonding Time Leave (BTL) Begins:	<ul style="list-style-type: none"> Pregnancy – BTL begins at the end of the mother's pregnancy disability. Paternity – BTL begins at the time the baby is born and, in some cases, coincides with taking care of the mother during her postpartum recovery. Adoption and Foster Care Placement – BTL begins at the time the child is placed.
Bonding Time Leave (BTL) can be taken:	<ul style="list-style-type: none"> Continuous BTL After Birth – can be taken directly following the birth or placement of the child. <ul style="list-style-type: none"> Employee to provide notice within thirty (30) days of the start of Leave (prior to birth). It is understood there are circumstances which may not make it feasible to provide advanced notice. Continuous BTL Within One (1) Year – can be taken within one year of the child's birth or placement. <ul style="list-style-type: none"> Employee to provide thirty (30) day advanced notice. Intermittent BTL <ul style="list-style-type: none"> Employee is to request at the time initial Leave notice is given and requested. Intermittent BTL Plan is subject to prior approval.

PREGNANCY DISABILITY

Expected delivery date: _____

BONDING TIME LEAVE

Continuous BTL After Birth

Do you intend to stay home to bond with your newborn baby, for a continuous period of time, directly following the end of your pregnancy disability (pregnancy disability considered first 6 – 8 weeks post-delivery)? YES NO

Total anticipated continuous weeks of bonding time leave directly following the end of your pregnancy disability: _____

Continuous BTL Within One (1) Year - 30-day notice required

Do you intend to stay home to bond, for a continuous period of time, with your newborn baby at a later time (within one year of birth), when do you anticipate taking Bonding Leave? _____

Length (weeks) of continuous Bonding Leave: _____

Intermittent BTL – subject to pre-approval before baby is born

Do you want to request to stay home to bond with your newborn baby, intermittently? YES NO

What days per week would you want to be off work to bond? _____

What is the requested start date? _____

What is the requested end date? _____

Please provide further details:

PATERNITY LEAVE/ADOPTION LEAVE/FOSTER CARE LEAVE

Expected date of delivery/placement: _____

Continuous BTL After Birth

Do you intend to stay home and bond with your newborn baby/adopted child/foster child, for a continuous period of time, directly following the birth date? YES NO

Total anticipated continuous weeks of bonding time leave directly following the birth date: _____

Continuous BTL Within One (1) Year - 30-day notice required

If you intend to stay home and bond, for a continuous period of time, with your newborn baby at a later time (within one year of birth, adoption or foster placement), when do you anticipate taking Bonding Leave? _____

Length (weeks) of continuous Bonding Leave: _____

Intermittent BTL – subject to pre-approval before baby is born

Do you want to request to stay home to bond with your newborn baby, adopted child or foster child intermittently? YES NO

What is the requested start date? _____

What is the requested end date? _____

Please provide further details:

OTHER TYPES OF LEAVE

MILITARY LEAVE

Military – USERRA

Military Exigency Leave – Military Family Leave

Relationship: _____

Military Active Reserve Training

Military – State specific explained:

BEREAVEMENT LEAVE *(Must have 6 months of employment)*

Deceased family member name: _____

Relationship _____

to employee: _____

(For _____

Bereavement Leave only)

Do you work in the State of Oregon? YES NO

If yes, you may be eligible to take a total of up to 2 weeks unpaid Bereavement Leave within 60 days of the notice of death of a family member.

DOMESTIC VIOLENCE/VICTIM PROTECTION LEAVE

For self (employee)

For family member

Relationship to employee: _____

OTHER STATE SPECIFIC LEAVE

State you work in:

CO MN MT OR WA

Refer to State LOA Packet to see various State Leaves

Reason for Leave:

EMPLOYEE SIGNATURE

CONFIRMATION AND ELECTRONIC SIGNATURE

I understand that by typing or otherwise writing my name below, and returning this completed form, this will serve as my official confirmation and electronic signature on this form. My electronic signature below certifies the information reported on this form is true and accurate, as is any and all supporting documentation that I submit, and may be subject to federal, state, local and/or company audit and review.

Employee Signature

Date

HOSPITAL MANAGEMENT ONLY

(See reference list below for required documentation)

Required Documentation Received YES NO

Date Received: _____

Hospital Management Signature _____

Date Signed _____

Hospital Management Print Name _____

Please contact Kathy Klein with any questions: Kathy.Klein@WellHaven.com or (360) 386-1348

Notes:

FORMS & DOCUMENTATION

REQUIRED DOCUMENTATION WITH LINKS TO DOWNLOAD AND PRINT (where applicable)

For the WH-380-E & F forms, please print and have your health care provider complete.

Pregnancy Disability Leave

- [WH-380-E Certificate of Health Care Provider for Employee's Serious Health Condition](#)

Paternity/Adoption/Foster Leave

- Adoption and/or foster placement court documents, where applicable.

Employee Medical Leave

- [WH-380-E Certificate of Health Care Provider for Employee's Serious Health Condition](#)

Family Member Care Leave

- [WH-380-F Certificate of Health Care Provider for Family Member's Serious Health Condition](#)

Military Leave

- Copy of military orders

Bereavement Leave

- Any of the following: copy of public notice, funeral program, celebration of life webpage

Domestic Violence/Victim Protection Leave

- Any of the following: copy of police report, temporary injunction, counselor note