



**ADP ATHLETICO LEAVE ADMINISTRATION  
PERSONAL LEAVE OF ABSENCE APPLICATION FORM**

**Section A - TO BE COMPLETED BY EMPLOYEE**

Employee Name (First, MI, Last)		Employee ID #:	
Employee Phone Number	Home: (     )	Work: (     )	
Employee's Home Street Address	City	State	Zip
<b>Leave Start Date (mm/dd/yyyy)</b> Start Date: _____ - _____ - _____.	<b>Expected Return to Work Date (mm/dd/yyyy)</b> Return to Work Date: _____ - _____ - _____.		

Reason for Employee's Personal Leave of Absence:

\_\_\_\_\_

Please read the following statements. Your signature below will serve as confirmation that you have read, understand, and agree to these guidelines.

- I have read the company handbook and company policies specific to my leave.
- I understand I have 15 days from the date of my request to submit the signed Personal Leave of Absence Application.
- I understand my failure to complete any of the required forms within the specified timeframes may result in the denial of my leave.
- I understand that I must exhaust all available leave policies before requesting Personal Leave, including accrued PTO.
- I understand that the Personal Leave offers up to 30 calendar days of unpaid leave in a 12 month rolling period.
- I understand that, if granted a leave, I may not seek or engage in gainful employment elsewhere.
- I understand that return to my former position or a comparable position upon return from Personal Leave is at the company's discretion. Given changing business needs, however, no guarantee of reinstatement can be made.
- I understand that if I do not return to work as scheduled, I will be considered to have voluntarily terminated my employment as of the end date of my approved leave.
- I understand that, if applicable, Athletico will continue making contributions to my employee group health benefits during my leave on the same terms as if I had continued to actively work. Deductions that are unable to be taken due to insufficient pay will be placed in arrears and recuperated upon return from leave. Upon return to work, any arrearage will be collected via 1.5 deductions through Athletico payroll until you have satisfied the total amount owed. I understand Athletico may recover premiums it paid on my behalf to maintain health coverage should I fail to return to work following my approved leave.
- I understand that upon my return to work, I must contact the Athletico Leave Department at [Leaves@Athletico.com](mailto:Leaves@Athletico.com) to confirm the date of my return. *This step is required to reactivate ADP status. Failure to notify timely could result in payroll processing delays.*

**EMPLOYEE ACKNOWLEDGEMENT (Required)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B - TO BE COMPLETED BY MANAGER & LEAVE DEPARTMENT (HR)**

<b>MANAGER APPROVAL (Signature Required for Approval)</b>  Name: _____  Signature: _____	<b>Approved Dates of Leave (Start &amp; Return Dates Required for Approval)</b>  Start Date: _____ - _____ - _____.  Return to Work Date: _____ - _____ - _____.
<b>LEAVE DEPARTMENT (HR) APPROVAL (Signature Required for Approval)</b>  Name: _____  Signature: _____	<i>Please note: Personal Leave of Absence may only be approved for up to a maximum of thirty (30) calendar days. Contact <a href="mailto:Leaves@Athletico.com">Leaves@Athletico.com</a> with any questions.</i>

**Manager Instructions:** Please complete Section B and email signed form to [Leaves@Athletico.com](mailto:Leaves@Athletico.com) or fax to 630.928.3429.