



Albert Einstein College of Medicine

Leave of Absence Request Form

It is Einstein’s policy to consider employee requests for Leave of Absence for purposes of:

- Caregivers’ Leave (up to 3 months)
- Parental Leave (up to 12 months)
- Medical Leave* (up to 6 months)
- Personal Leave (up to 6 months)

These Leaves of Absences are without pay and granted at the discretion and convenience of Einstein.

**Employees may only apply for Medical Leave if they have exhausted (or are ineligible) for FMLA Leave. Some or all of this time may be covered by accrued sick pay, accrued vacation pay, supplemental sick pay and New York State Disability benefits.*

Section 1: Employee Information

Employee Name: _____ Department: _____

Address during Leave: _____

Phone during leave: _____ Cell phone: _____

Email during leave: _____

Section 2: Leave Request

First Day of Leave: _____ Return to Work Date: _____

Reason for Leave: Caregiver _____ Medical _____ Parental _____ Personal _____

Section 3: Employee Acknowledgement

I agree to conform to the terms and conditions of Einstein’s Leave of Absence Policy and acknowledge that:

- There is no guarantee of reinstatement to the same or equivalent position;
- This is an unpaid leave of absence;
- I will not accrue additional sick and vacation time;
- I will not receive pay for holidays that fall during the leave period;
- To continue any of my benefits, I will pay 100% of the cost (employee & employer portion);
- My failure to return to work on or before the return date of my approved leave will be considered a voluntary resignation, if no prior arrangements for an extension have been made.

Employee Signature: _____ Date: _____

Section 4: Approvals

Name	Signature	Date	Approved	Not Approved
Supervisor/Administrator: _____	_____	_____		
Division Chair/Department Director: _____	_____	_____		
VP for Human Resources: _____	_____	_____		

Note to Employee: Upon completion of Sections 1-3, return this form to your Supervisor. If you have questions regarding your Benefits, or if your circumstances change during an approved leave contact the Benefits Office at (718) 430-2547 or by email benefits@einsteinmed.org.

Note to Supervisor: Upon completion of Section 4, return this form to the VP for Human Resources for processing.