

EXTENDED LEAVE OF ABSENCE REQUEST



TO BE COMPLETED BY EMPLOYEE

Employee Instructions: Prior to taking an extended leave of absence (LOA), you are encouraged to complete and submit this Extended Leave of Absence Request form to your employer (not TriNet). The form should be submitted to your employer at least 30 calendar days prior to the start date of your LOA or, if your need for leave is not known in advance, as soon as reasonably possible.

Please note: Generally, those who need to be absent from work for **seven or more calendar days**, for reasons other than paid time off (PTO) and vacation, may request an LOA. LOAs are generally granted without pay, but an employee may use earned time off or be compensated by their Company based on company policies.

Employee Data

Last Name	First Name
Home/Cell Phone Number	Home Email Address

Dates of Leave

Leave Start Date: The first date you would have been regularly scheduled to perform work if you were not going on an extended LOA (i.e., first day out on leave). _____

Leave End Date: The day prior to the date you will be actively returning to work. _____

- My requested LOA is intermittent (taken in separate blocks of time due to a single qualifying reason, rather than an uninterrupted period of leave; for example, requesting a certain number of hours or days off per week).

For intermittent LOA requests only: Please indicate the approximate frequency and duration of each absence:

Frequency (how often does each absence occur), for example, 1-2 times per month/once per week: _____

Duration (how long is each absence), for example, 2-4 hours each/1-3 days each: _____

Reason for Leave

This information will be used by the Company to determine your eligibility for an LOA under company policies and will be used by TriNet to determine your eligibility for job and/or health-benefits protection under any applicable federal or state laws.

- Personal reasons (non-medical). Employee Requested.
- My own disability or serious health condition* (non-work-related and non-pregnancy-related).
*A "serious health condition" as defined under the Family and Medical Leave Act (FMLA) is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider." However, it may be defined differently under state or local laws.
- The care of your spouse, child**, parent, or other family member with a serious health condition
Relationship with family member for whom care will be provided: _____
First and last name of family member: _____
Birth date of family member: _____
**Please note: In certain circumstances, leave rights may be granted to individuals who assume the responsibilities of a parent by providing day-to-day care or financial support for a child, regardless of whether there is a legal or biological relationship between the individual and the child.
- Maternity/medical leave related to pregnancy (birthing parent)
Expected or actual delivery date: _____

EXTENDED LEAVE OF ABSENCE REQUEST



- Bond with a newborn, adopted or fostered child (non-birthing parent or leave for birthing parent not related to childbirth)
First and last name of child (put "unknown" if necessary): _____
Expected or actual date of birth or placement of child: _____
- Work-related injury
Date of the event: _____
(IMPORTANT: Work-related injuries must be reported as soon as possible following the event. Workers' Compensation programs provide wage replacement benefits for work-related injuries or illness separate from disability insurance plans or leave laws.)
- Military leave (please attach military orders)
Military deployment date (expected or actual): _____
- Qualifying exigency. Related to active military deployment of a spouse, child, parent or other family member. Review examples of qualifying exigencies (<https://www.dol.gov/agencies/whd/fact-sheets/28mc-fmla-exigency-leave>) outlined by the Department of Labor (DOL).
Relationship of service member to you: _____
First and last name of service member: _____
Birth date of service member: _____
Service member's military status: Veteran Active-Duty Civilian
Military deployment date (expected or actual): _____
- Line of Duty. Care of a spouse, child, parent or other family member with a serious illness or injury sustained in the line of duty.
Relationship of service member to you: _____
First and last name of service member: _____
Birth date of service member: _____
Service member's military status: Veteran Active-Duty Civilian

TriNet-Sponsored Health Care Flexible Spending Account (FSA)

FSA contributions continue as normal during a **paid LOA** while TriNet-sponsored health benefits are active. However, you must indicate an option below regarding your FSA preferences in case any portion of your LOA is currently or may become **unpaid**.

If you are unsure whether you participate in a TriNet-sponsored health care FSA plan, you can view all enrolled benefits by logging in to TriNet (login.TriNet.com) > Benefits > My Benefits.

Please note: This section only applies to **health care** FSA accounts. Dependent day care FSAs are not an eligible benefit while on a paid or unpaid LOA. Dependent day care FSA coverage can only be used while working, seeking work, or going to school. No such claims will be eligible during any LOA, and no payroll deductions for this benefit will occur while you are on LOA.

- Place my payroll contributions on hold during my unpaid LOA. Remaining benefit plan year payroll contributions will be adjusted to make up for the contributions missed upon my return from LOA.
- I will submit a Life Status Change (LSC) form to elect to stop Health Care FSA participation and contributions.
Please note: A LSC form can be submitted in TriNet (login.TriNet.com) by navigating to Benefits > Life Status Change. To learn more, review the Benefits Guidebook by navigating to Benefits > Resources.
- I will contribute one lump-sum pre-tax salary deduction payment before my unpaid LOA begins.
Please note: This option is only available if you provide at least a 30-day notice prior to your leave start date.
- I am not enrolled in a TriNet-sponsored Health Care FSA.

EXTENDED LEAVE OF ABSENCE REQUEST



TriNet-Sponsored Benefit Cost Repayment

I understand that during an approved LOA, I am still responsible for my portion of any TriNet-sponsored benefits insurance costs for which I would normally be responsible, and repayment of any unpaid costs can be collected through payroll deductions as needed to recoup monies paid by my company or TriNet.

I am requesting and authorizing, **if approved by my employer**, the following repayment schedule for any benefits in which I am enrolled but have not made payments for, such as during an unpaid period of LOA (this is a required field, even if you believe you will not owe benefit cost repayments):

- One lump sum deduction from my earnings on my first check after returning to work*
If you anticipate only owing a small benefit cost repayment, this option may be optimal for administrative ease.
- Pro-rated deduction from my earnings over _____ pay periods, beginning after my return to work*
If you anticipate owing a larger benefit cost repayment, spreading the repayment across several pay periods may allow you to repay your employer while still potentially receiving net pay.
- Repayment waived by my company
This option reflects that your employer will relieve you of your obligation to repay any benefit costs previously invoiced to your employer. You should only select this option if you have discussed a waiver of repayment with your employer and they have agreed.
- I have made other arrangements with my company
Select this option if your employer has agreed to an alternative method to recoup any owed benefit cost repayments outside of TriNet payroll deductions. For example, your employer may require direct payment by check each payday while you are on LOA.
- Not applicable – I am not enrolled in TriNet-sponsored group benefits
Only select this option if you are not enrolled in TriNet-sponsored health care benefits.

*In the event my employment with the company terminates before I can repay the company, I hereby authorize TriNet and my company to withhold any or all monies permitted by law from my final paycheck for repayment of benefit costs. I understand that the company will treat any payment associated with this LOA request in accordance with any applicable tax laws, including, if appropriate, treating said payments as taxable income to me.

Use of Vacation/Sick or Paid Time Off (PTO) During Leave

Will you be using PTO, sick, vacation or other "leave with pay" during this LOA? If so, you'll need to indicate the types of paid leave which will apply and an approximate number of hours you intend to use (even if you are not yet sure of your exact available balance).

- No
- Sick. Indicate how many hours will be applied: _____
- Vacation. Indicate how many hours will be applied: _____
- PTO. Indicate how many hours will be applied: _____
- Other type of earned time off (other than PTO, sick or vacation time, such as admin pay or floating holidays).
Type: _____ Hours: _____

Please note: If the requested LOA is not paid parental leave or disability, your company may require you to use your earned time off before the leave can be taken as unpaid. Earned time off will run concurrently with any applicable leave laws. Therefore, the use of earned time off will not extend a period of job protection under any applicable leave laws.

EXTENDED LEAVE OF ABSENCE REQUEST



Please read the following important disclosures and information about your leave request:

1. My request for an LOA may be denied subject to applicable leave laws and the operational needs of the company. If I fail to report for work as scheduled at the end of any approved LOA, I may be considered to have abandoned my job and voluntarily resigned.
2. I must provide my company with periodic updates as to my expected return to work date. If I fail to report for work as scheduled at the end of any approved leave and have not previously communicated with my manager my inability to return on the previously established return date, I may be considered to have abandoned my job and voluntarily resigned.
3. If I am allowed to use earned time off before I have earned or accrued that time, such time is considered advanced wages, which I may be required to repay through payroll deductions or otherwise.
4. I understand that while I am on unpaid leave, TriNet will invoice my company for my share of the benefits cost for the maximum duration of active benefits coverage as stated in the Benefits Guidebook. It is my responsibility to repay my company such amounts as agreed to under the **TriNet Sponsored Benefit Cost Repayment** section of this form.
5. If this is a medical LOA, I acknowledge that medical certification from a healthcare provider may be required to determine qualification under any applicable medical leave or disability laws. I understand that my company may also require documentation to support other types of leave, where allowed by law.

Employee Signature	Date

Provide this completed form as a PDF or hardcopy to your manager or worksite HR contact so they can complete their portion of the form. Your employer should provide you with a copy of the fully executed form after it is completed.

Please note: This is only a request form. If your employer approves your LOA request, your employer must submit the LOA request in TriNet (login.TriNet.com) for processing. Once an LOA is submitted by your employer, you can expect the following:

- TriNet will mail a Leave of Absence Notification letter to your home address, explaining your rights and responsibilities under applicable federal, state and local laws that pertain to the LOA. Your LOA packet from TriNet will also contain:
 - The estimated date your TriNet-sponsored health benefits would end and when your eligibility to continue such benefits through COBRA would begin, if applicable; and
 - Your eligibility for family and/or medical leave insurance benefits under state programs and/or your TriNet-sponsored health benefits, if applicable, and how to apply for such insurance benefits.
- If any duration of your LOA is paid, your company is responsible for reporting paid leave to TriNet through your company's on-cycle payroll. If you have questions or concerns about the paid leave processed, please contact your company for guidance.

EXTENDED LEAVE OF ABSENCE REQUEST



TO BE COMPLETED BY COMPANY REPRESENTATIVE

Company Instructions: An HR Authorizer from your company must submit all requested information to TriNet via the Extended Leave Request action in TriNet (login.TriNet.com). LOAs should be submitted to TriNet as soon as requested by the worksite employee. If advance notice is received, requests should be submitted **at least seven business days** before the LOA start date. **For detailed employer instructions, please review: [Instructions for Entering and Concluding an Extended Leave of Absence \(LOA\)- Platform Navigation](#).**

TriNet does not require a copy of this form. Its purpose is solely to aid you in completing the Extended Leave Request action in TriNet (login.TriNet.com). TriNet will only review LOA requests submitted online and will modify the worksite employee's status in accordance with your directions.

Please note: If you choose to retain this form for your own records, LOA documents should generally be stored separately from a worksite employee's main personnel file. For additional guidance, please review: [Documents to Store Within and Separately from a Personnel File](#).

You may need to refer back to this form after returning the worksite employee from LOA to support you with setting up any benefits cost repayments owed to you by the worksite employee. You will not be asked for repayment information when submitting the LOA in TriNet (login.TriNet.com). However, TriNet will email you instructions for setting up benefit repayments, if applicable, following the worksite employee's return to work.

Leave and Benefits Premium Repayment Approval

Extended Leave of Absence:

Approved Denied

Benefits Cost Repayment:

- Approved
- Denied
- We have made alternate arrangements with the worksite employee
- Not Applicable

Comments (optional):

Leave of Absence Conditions

Please confirm:

Expected or actual last date worked: _____

LOA Start Date: _____

First day LOA is unpaid: If full duration of LOA will be unpaid, this should be the LOA Start Date _____

Date of disability (for medical or workers' compensation LOAs only): _____

Approval or denial of paid leave:

- The worksite employee's request to use earned paid time off concurrently with the LOA is approved.
- The worksite employee's request to use paid time off concurrently with the LOA is approved, but with the following adjustments:
 - Type: _____ Hours: _____
 - Type: _____ Hours: _____
- The worksite employee's request to use earned time off concurrently with the LOA is denied.

Comments (optional):

EXTENDED LEAVE OF ABSENCE REQUEST



Company Representative Signature

First Name, Last Name (Printed)	Title
Signature	Date

Questions?

If you have any questions, log in to TriNet (login.TriNet.com) and click Contact TriNet. If you are unable to log in, go to TriNet (login.TriNet.com) and select one of the following options: Forgot Password, Forgot ID, Unlock Account, Login Help.

© 2023 TriNet Group, Inc. All rights reserved. This communication is for informational purposes only, is not legal, tax or accounting advice, and is not an offer to sell, buy or procure insurance. TriNet is the single-employer sponsor of all its benefit plans, which does not include voluntary benefits that are not ERISA-covered group health insurance plans and enrollment is voluntary. Official plan documents always control and TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.