

Leave of absence information form

SECTION 1

EMPLOYEE AND LEAVE DATA

Instructions to HR / payroll officials:
 Please complete this form and return it to your assigned Employer Services Representative.

Note:
 For **EXPECTED** information in lines g, and j-l, respond to the best of your knowledge. Do not leave blank.

When is this form needed?
 This form is needed if an employee will miss an entire pay date or when stretch-pay is implemented because of docked pay, an unpaid leave, a partially paid leave or workers' compensation. This information is required in accordance with M.G.L. c. 32, §3.

- a) Employee name
- b) Social Security Number last four digits
- c) Number of work days in the employee's contract for this year
- d) Last day **physically** at work before taking leave.
- e) Last paid work day for employee (including paid sick, vacation or personal days)
- f) Number of paid work days for this leave days, from to
- g) **EXPECTED** number of unpaid work days for this leave (include unpaid days factored into prorated pay) days, from to
- h) Does the employee miss at least one **entire** paycheck? No Yes.
 If "yes," what is the date of the employee's **first** missed check?
- i) Does the employee have their pay prorated while on leave? No Yes.
 If "yes," what is the date of the **first** prorated check?
- j) **EXPECTED** date employee will **physically** return to work.
- k) **EXPECTED** date of first check after returning to work.
- l) **EXPECTED** FT% employee will **physically** work upon returning from leave %
- m) Additional description of the employee's leave of absence (if needed):

SECTION 2

SUBMITTED BY

Name (please print) . . . date

Employer