



Seasonal Leave or Reduced Hours Program Request Form

Staff Member Name:	Employee ID Number:
Address/Phone/Email during leave:	Present Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Department Name & Number:	Reduced Hours Schedule Requested, if applicable:
Start Date:	Return to Work Date:

Staff Member will be responsible to pay their portion of insurance premiums up until the time they return to work. This will include medical and dental premiums; all other benefit premiums will be billed in arrears. If desired, PTO can be used to cover any insurance premiums during the leave period. The arrears will be deducted in the first paycheck upon the staff member's return to work. If the arrears payment exceeds earnings, premiums will be taken in the subsequent paycheck(s). Premiums billed in arrears will include, but may not be limited to, items such as vision, voluntary life insurance, flex spending, auto/homeowners insurance, pet insurance, and purchasing power payments.

Initial one option below:

_____ I want to use PTO to cover my medical and dental premium while out on leave.

_____ I do not want to use PTO to cover my medical and dental premium while out on leave.

I have read and understand the explanations outlined in the Seasonal Leave or Reduced Hours Program.

Staff Member Signature: _____

Date: _____

APPROVALS

VP or Above: _____

Date: _____

Please return this form to:
Employee Benefits Department
Email: leaveofabsence@honorhealth.com