



## LOA Request Form

An unpaid leave of absence is available in certain circumstances as described in Car Wash Enterprises Team Member handbook in section 12 UNPAID LEAVE OF ABSENCE. Team Members who meet the eligibility criteria for a leave of absence must complete this form at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

1. All foreseeable personal leaves of absence must be approved in advance by human resources and the team member's supervisor.
2. If the dates of requested leave change, a new leave of absence request form must be submitted for approval.
3. Team members on an unpaid leave of absence are responsible for payment of insurance premiums & other withholdings as agreed upon with HR prior to commencement of leave.
4. Team members returning from a leave of absence must contact HR at least one week in advance of the projected return date.

See UNPAID LEAVE OF ABSENCE in the Team Member handbook for the full details on unpaid leaves of absence, including eligibility.

This is not the Family and Medical Leave Act (FMLA) form or the form to request leave as an accommodation under the Americans with Disabilities Act (ADA). Instead, this form should be used as an additional method to track LOA requests. Team Members and supervisors should consult with HR to request leave under the FMLA or ADA.

<b>Section I: Team Member Information</b>	
Team Member Name:	Site Name & Number:
Reason for Leave: Please state it if it is for FMLA/PFML or provide reason for Personal LOA	
Leave start date:	Leave end date:
Team Member Signature:	Date:

Team Member: Do no write below this line

<b>Section II: Supervisor</b>	
Personal leave request is approved: Y/N/NA	Initial:
If not approved, provide an explanation:	
Supervisor Signature:	Date:

<b>Section III: Human Resources</b>	
Personal leave request is approved: Y/N	<b>Initial:</b>
If not approved, provide an explanation:	
Leave start date:	Leave end date:
Insurance to be continued:	Monthly cost to Team Member:
Medical    Yes        N/A	Medical    \$
Dental     Yes        N/A	Dental     \$
Vision     Yes        N/A	Vision     \$
Other      Yes        N/A	Other      \$
	Total      \$
<b>HR Signature:</b>	<b>Date:</b>

Total premium due every two weeks	\$
or	
Total premium due monthly	\$

**Scan and email all forms to [HR@Brownbear.com](mailto:HR@Brownbear.com)**

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