

Request for Leave of Absence or Family Medical Leave



Employee Name _____

Address _____ City _____ State _____ Zip Code _____

Employee ID _____ Position _____

Email _____ Manager _____

Status (select one) ☐ Full-time ☐ Part-time Date of Hire ____/____/____

I hereby request a leave of absence or FMLA

From: ____/____/____ To: ____/____/____

Reason for Requested Leave

- ☐ Birth of a child, or the placement of a child for adoption or foster care
- ☐ A serious health condition which makes you unable to perform essential daily functions of your job
- ☐ A serious health condition affecting your ____ Spouse, ____ Child, ____ Parent, for which you are needed to provide care

If family member is a child, is the child under 18 years of age? ☐ Yes ☐ No

- ☐ You are requesting a bereavement leave. You are eligible for up to 5 days for death of immediate family members.

Relationship _____ Number of days requested: _____

- ☐ Because of a qualifying exigency arising out of the fact that ____ You, ____ Your Spouse, ____ Your Child, ____ Your Parent, is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

- ☐ Because you are the ____ Spouse, ____ Child, ____ Parent, ____ Next of Kin of a covered service member with a serious injury or illness

- ☐ You are requesting leave on an intermittent or reduced-schedule basis. Please describe your proposed schedule: _____

Return this form to Leaves@exlservice.com when completed. You must also call Prudential in order to start your request for leave. Prudential will review your information and approve or deny your request.

Prudential: 1-877-FOR-PRU1 (877-367-7781) Monday-Friday, 8am-11pm EST

Company Control #: 51937

Company Name: EXL Service

Note: When possible, we request that you provide us with 30 day notice prior to any leave start date.

Employee Signature

_____/_____/_____
Date