

Leave of Absence

On occasion, an employee may find it necessary to be out of work for an extended period of time. An extended period of time is typically defined as more than two weeks.

Required notification

The employee is required to notify his/her Supervisor as soon as they become aware of the need to take time off. The employee is required to submit a *Leave of Absence Request Form* to his/her Supervisor/Manager.

If the requested leave is due to a medical condition, a note from the treating physician explaining the reason for time off and the length of the leave must be returned with the *Leave of Absence Request Form*. If an exact return to work date is not known, an estimate must be provided.

Administrators: A *Personnel Action Notice* (PAN) must be completed and signed by the Employee and their Supervisor. A copy of the *Leave of Absence Request Form* along with any supporting documents should be submitted to the HR Department so that the payroll system can be updated accordingly.

Paid Time Off (PTO)

Employees are required to use any and all accrued Paid Time Off/Vacation/Sick when taking a leave of absence before taking unpaid time off. Accrued hours will be paid until the employee has exhausted all accrued time. The remainder of the leave will be taken unpaid.

Employees on a leave status are no longer actively working and therefore not eligible to accrue any paid time off until they return to active status (e.g. return to work).

Participation in Insurance Plan(s)

While on leave, an employee's coverage under the group sponsored Health Plans and Flexible Spending Account program will continue. Employees will be required to maintain their normal bi-weekly premium contributions. This can be done either by mailing a check to Human Resources, having deductions withheld from the PTO payout, having deductions withheld from the last check the employee receives before starting their leave OR by making up all missed deductions when the employee returns to work. Prior to the start of the leave, the employee must select an option. Human Resources should be contacted for more detail; 215-589-9000.

Income replacement

If an employee currently participates in any individual Short Term Disability income replacement type of plan (offered through Unum), the employee should communicate directly with the carrier if he/she is requesting income replacement. Unum : 1- 800-635-5597

Returning to work- what is required

Employees are required to obtain a letter from their physician attesting to the fact that they are able to return to work. No employee will be allowed to return to work without the required physician's note.

Leave of Absence Request Form

Employee Name _____ Date submitted _____

Reason for leave request

(For Medical Leaves, a letter from the physician explaining the reason for the leave and the length of time being requested must be attached to this form.)

Date leave will start _____

Estimate or known date employee will return to work* _____

**This field must be completed in order for the leave to be approved. If employee cannot return to work on the noted date of return, he/she must provide an updated note from the physician. If leave is not medically related, a status update must be provided. The employee must also contact their Supervisor. If Supervisor does not hear from employee within 3 days following the date listed above, the situation may be considered a voluntary resignation.*

Signatures

Employee _____

Date _____

Supervisor _____

Date _____

Approved (Can only be approved if all information above is complete)

Denied

____ Supervisor's initials indicating denial was reviewed with Employee.
Date reviewed _____

Employee comments:

Supervisor comments: *(note in this section reason if request is being denied)*

Benefit Repayment Election Options

- Not Applicable; I do not currently have any benefit insurance deductions.
- I will mail a check, made payable to my Employer, monthly to:
Physicians Endoscopy
ATTN: Human Resources
1456 Ferry Road, Suite 305
Doylestown, PA 18901
- I would like my premiums withheld from my PTO payout.
- I would like my premiums withheld from the last check I receive before starting my leave.
- I would like my missed premiums to be withheld from my paycheck(s) when I return to work.

Please contact HR prior to the start of your leave to discuss your repayment option and to coordinate the specifics. HR can be reached at 215.589.9000.

Signature Acknowledgement

I am acknowledging that I have read the Leave of Absence Policy and understand that it is my right to ask my Supervisor and or a member of the Human Resources Department any questions that I have. I understand what is expected of me.

I understand that I am an At-Will Employee and this document in no way constitutes an employment contract between me and the Center, Physicians Endoscopy (PE) or any of the PE Affiliated Centers. This document was merely created as a guide so that I know what is expected of me.

Because I am an At-Will employee, I understand that I have the right to terminate my employment at any time for any reason. I also understand that my employer has the right to make changes to this policy, in my department, my job description and my employment status at any time for any reason.

I understand that if I do not return to work any outstanding benefit premiums must be repaid to my Employer in full within 15 days of my termination date.

Employee

Date

Supervisor

Date