

BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP

REQUEST FOR LEAVE OF ABSENCE

LEAVES OFFERED AT BENESCH

Benesch offers both paid and unpaid leaves of absence for medical, childcare, family care, military, and personal reasons that may or may not be FMLA-covered.

FMLA Leave | Leave Covered by the Family and Medical Leave Act

Benesch provides leave under the Family and Medical Leave Act (FMLA) to employees who meet the following criteria: (1) a total of 12 months of employment (does not need to be a consecutive 12 month period); and, (2) who have worked a minimum of 1,250 hours during the previous consecutive 12-month period before the leave begins. If the criteria are met, eligible employees may take a qualifying leave of absence for the following reasons:

1. Birth and/or care of a child of the employee;
2. Placement of a child into the employee's family by adoption or by a foster care arrangement;
3. Care of the employee's spouse, child or parent who has a serious health condition;
4. Inability of the employee to perform the functions of the employee's position due to a serious health condition;
5. A qualifying exigency (situation requiring immediate attention or effort) arising out of the spouse, child, or parent of the employee's active duty or call to active duty in the Armed Forces in support of a contingency operation (a contingency operation is an action or operation against an opposing military force); or
6. Care of the employee's spouse, child, parent, or next of kin (nearest blood relative) who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces, provided that such injury or illness may render the spouse, child, parent, or next of kin medically unfit to perform duties of his/her office, grade, rank, or rating.

An eligible employee is entitled to up to 12 weeks of unpaid FMLA leave in a consecutive 12-month period for the reasons above (#1-#5).

An eligible employee may take up to 26 weeks of unpaid FMLA leave during a single consecutive 12-month period for a qualified exigency or to care for an injured or ill servicemember – #6 above. Leave to care for an injured or ill servicemember, when combined with other FMLA qualifying leave, may not exceed 26 weeks in a single consecutive 12-month period.

Non-FMLA Leave | Leave Not Covered by the Family and Medical Leave Act

After 90 days of employment, an eligible employee who works at least 30 hours per week is eligible to take leave for the following reasons:

1. Birth and/or care of a child of the employee;
2. Placement of a child into the employee's family by adoption or by a foster care arrangement;
3. Inability of the employee to perform the functions of the employee's position due to a serious health condition.
4. Personal leave of absence

If you reside in the following states, California, New Jersey, Massachusetts, Delaware, New York, Illinois, Oregon, Washington, or Colorado, you may qualify for additional state leaves. For more information, please review Benesch Connect > Human Resources > Policies > State Specific Addendums.

Summary of Leaves

Type of Leave	Benefit	Eligibility
Short-Term Disability Medical Leave for serious medical condition	Up to 13 weeks 100% paid medical leave	Employees working 30 or more hours per week
Child Care Leave for birth, care, adoption, and/or placement of a child	Up to 13 weeks 100% paid childcare leave for Non-Timekeepers Up to 26 weeks: 20 weeks 100% paid childcare leave and 6 weeks unpaid childcare leave for Attorneys, Paralegals, Partners, and Senior Administrators	Employees working 30 or more hours per week
Family Care Leave to care for a seriously ill family member	Up to 12 weeks unpaid	Employees working 30 or more hours per week
Military Exigency Leave	Up to 12 weeks unpaid for spouse, child, or parent Employee military leave not to exceed Benesch's 5 year maximum for the cumulative length of absence and all previous absences for uniformed service	Employees working 30 or more hours per week
Military Care Leave to care for an ill or injured family service member	May not exceed 26 weeks in a single consecutive 12-month period	Employees working 30 or more hours per week
Personal Leaves of Absence	Up to 12 weeks unpaid for requests not covered under any other leave	90 days of full-time employment with the firm and working 30 hours or more per week upon management approval

IMPORTANT LEAVE TERMS

Paid & Unpaid Leaves

Benesch's Short-Term Disability and Child Care Leave policies offer paid leave for an employee's medical condition and childcare reasons such as birth or care of a child or placement of a child by adoption or foster care, are taken concurrently with FMLA. Family Leave, Military Leave, Military Caregiver Leave, and Personal Leaves of Absence are unpaid leaves. In addition, the six weeks of additional Child Care Leave for Attorneys, Paralegals, Partners, and Senior Administrators beyond the 20 paid weeks are unpaid.

How Leave May be Taken

Child Care Leave may only be taken in a single block of time. Short-Term Disability (leave for one's own serious health condition) and Family Care Leave (leave taken to care for a family member's serious health condition) may be taken intermittently. For birth mothers, Short-Term Disability runs concurrently with Child Care Leave for a maximum of 13 weeks of maternity leave for Non-Timekeepers and 26 weeks of maternity leave for Timekeepers.

Part Time Status

Part-Time employees who work less than 30 hours per week are not entitled to pay; however an unpaid personal leave of absence may be granted for the following reasons: illness, family illness (as defined by FMLA), and birth or adoption of a child.

Calculation of Amount of FMLA Leave

For the purposes of calculating FMLA leave, the 12-month period is measured backward from the date an employee uses any FMLA leave. Any FMLA leave taken by an employee during the preceding consecutive 12-month period will be used to determine the amount of available leave pursuant to the Family and Medical Leave Act.

Advanced Notice & Required Certification

When a leave of absence is foreseeable, an employee shall be required to provide thirty (30) days advance written notice to the Firm and appropriate documentation, such as medical certification, adoption papers, to support the need for the leave. When, under the circumstances, it is not practicable to provide such advance notice, such as in the case of premature birth of a child or emergency surgery, an employee shall be required to provide the Firm with written notice and appropriate documentation to support the need for the leave within fifteen (15) calendar days after the leave has begun. Failure to submit documentation within the policy timeline will result in a denial of the leave request.

Upon return from a leave of absence, an employee shall be restored to his/her original position, or a comparable position, with comparable pay, benefits, and responsibilities. Seniority shall continue to accrue during the period of leave taken pursuant to this Section.

Benefits Continuation & Premium Payments During Leave

While on leave, benefits elections will continue. While on paid leave, benefits premium deductions will continue to be taken. While on unpaid leave, the individual on leave will be responsible for reimbursing the firm the cost of applicable benefits premiums using the following steps:

1. Notify Benesch Benefits (benefits@beneschlaw.com) if you want to use PTO time and how much PTO time you want to use for any unpaid leave you are taking and/or put towards your benefit premiums. Please note that typically it takes 2 PTO days to cover benefit premiums, but may vary slightly based on your salary.
2. If you don't want to use PTO time, then you are required to mail the Benefits Administrator a check for the total benefits premium amount that will be listed in the salary continuation document.
3. Benefits Administrator will send you the updated salary continuation document.

Reminder: You have thirty days following the birth/adoption of a child to add him or her to your benefits coverage. Contact benefits@beneschlaw.com to initiate the process.

Extending Leave

It is the responsibility of the individual on leave to notify the firm a minimum of two weeks in advance of any need to extend the leave request, not to extend beyond a total leave duration in the policy and the Form to Request Leave.

1. Notify Benesch Benefits (benefits@beneschlaw.com) and your manager of the need to extend leave.
2. Benefits Administrator will update your paperwork and return to work date.
3. Benefits Administrator will send you the revised salary continuation document with your revised return to work date.

REQUEST LEAVE FORM (PLEASE COMPLETE)

I, _____, request a leave of absence for (check as appropriate for each column in table) to begin on or around _____, due to _____

I expect to return to work on or about (indicate date, required): _____.

Leave type (Choose one)	Weeks of leave requested (Choose one)	Certification forms required*	Role at Benesch (Choose one)
<input type="checkbox"/> Short-Term <input type="checkbox"/> Disability <input type="checkbox"/> Medical	<input type="checkbox"/> weeks (up to 13 continuous 100% paid weeks) <input type="checkbox"/> reduced schedule (up to equivalent of 13 100% paid weeks) <input type="checkbox"/> intermittent basis (up to equivalent of 13 100% paid weeks)	Certification of Leave for Self	<input type="checkbox"/> Non-Timekeeper <input type="checkbox"/> Paralegal
<input type="checkbox"/> Child Care	<input type="checkbox"/> weeks (up to 13 continuous 100% paid weeks for Non-Timekeepers) <input type="checkbox"/> weeks (up to 26 continuous weeks: 20 100% paid weeks and 6 unpaid weeks for Attorneys, Paralegals, Partners, and Senior Administrators)	Certification of Leave for Self for Maternity No certification required for spouse for birth of child or for adoption and foster care Court Orders for Adoption or Placement of a Child	<input type="checkbox"/> Attorney <input type="checkbox"/> Partner <input type="checkbox"/> Senior Administrator
<input type="checkbox"/> Family Care	<input type="checkbox"/> weeks (up to 12 continuous unpaid weeks) <input type="checkbox"/> reduced schedule (up to equivalent of 12 unpaid weeks) <input type="checkbox"/> intermittent basis (up to equivalent of 12 unpaid weeks)	Certification of Leave for Family Member	
<input type="checkbox"/> Military Exigency	<input type="checkbox"/> weeks (up to 5 years for active duty military leave) <input type="checkbox"/> weeks (up to 12 continuous unpaid weeks) <input type="checkbox"/> reduced schedule (up to equivalent of 12 unpaid weeks) <input type="checkbox"/> intermittent basis (up to equivalent of 12 unpaid weeks)	Certification of Qualified Exigency Leave or copy of order for military service	
<input type="checkbox"/> Military Care	<input type="checkbox"/> weeks (not to exceed 26 continuous unpaid weeks in a single consecutive 12-month period) <input type="checkbox"/> reduced schedule (up to equivalent of 26 unpaid weeks) <input type="checkbox"/> intermittent basis (up to equivalent of 26 unpaid weeks)	Certification for Caregiver Leave for Veteran or Current Service Member	
<input type="checkbox"/> Personal	<input type="checkbox"/> weeks (up to 12 continuous unpaid weeks) <input type="checkbox"/> reduced schedule (up to equivalent of 12 unpaid weeks) <input type="checkbox"/> intermittent basis (up to equivalent of 12 unpaid weeks)	No certification forms are required, however substantiation may be requested depending on nature of leave request	

*CA employees need to complete the [CA Certification of Healthcare Provider](#) for medical or family care leave.

TERMS ACKNOWLEDGEMENT

I hereby acknowledge that I understand and agree to the above terms and have had the opportunity to ask any questions I have regarding my request for a leave of absence. I also understand that if I do not return to active employment following my leave, I will be terminated as of my first approved day of leave.

Date

Signature of Employee Requesting Leave

Approval by Supervisor:

Supervisor

Date

[Please return form to Benefits Administrator for processing.]

Approval by Benefits Manager:

Benefits Manager

Date

Leave Granted from: _____ to _____

NOTES: Leaves of Absence for staff are authorized only after approval by the Benefits Manager. This form must be signed and on file in the Human Resources Department to generate any pay due after the inception of the Leave of Absence. A copy will be maintained by the Benefits Administrator.

FOR ADMINISTRATIVE USE:

Date Received:

Reviewed By:

Determination: Approved

Denied

Type of Leave: FMLA-Covered

Not FMLA Covered

Approved Planned Start of Leave:

Approved Planned Return from Leave:

Actual Start of Leave:

Actual Return from Leave:

Dates paid at 100% of pay:

Dates paid at 0% of pay:

Payroll notes:

Benefits Manager Review/Approval: