

Employee Leave Request

New Leave Request or Update for an Existing Leave

Employee or Employer may complete Page 1. Employers must complete page 2 and send all pages to Paychex.

Name: _____ Employer Name: 25558 Crunch Fitness.

New Leave Request – Estimated Dates Required or **Update for an Existing Leave – New Dates**

Continuous Block of Leave

First Day of Leave: _____ Last Day of Leave: _____

Intermittent Leave (separate periods of time, such as for appointments, reduced hours, or flare-ups)

First Day of Leave: _____ Last Day of Leave: _____

For intermittent or reduced schedule leave, you **MUST estimate** the frequency and duration of your absences.
Examples: 3 times per month for 2 hours per absence; or 5 times per 2 months for 4 hours per absence
Frequency: _____ times per _____ week(s) or _____ month(s)
Duration: _____ Hours Days per absence

Other Leave Update: _____

Actual Return to Work Date (Employer completion only): _____

Employee Information – Leave documents are delivered by email to the Employee and the Employer Contacts

Personal email, phone, and address in the Paychex Oasis portal are current Yes No

If no, provide updated contact information below and update information in the Paychex Oasis portal.

Address: _____

Phone: _____ Personal Email: _____

Work City and State: _____

****Required- Regularly Scheduled Work Hours Each Day**

Day	S	M	T	W	Th	F	S	If fluctuating or rotating schedule, details or average weekly hours:
# Hours								

Reason for Leave – DO NOT INCLUDE information about medical diagnoses/ health conditions.

Employee’s Serious Health Condition ---- Related to a Work Injury or Illness? Yes No

Pregnancy/ Maternity Leave Estimated/ Actual Delivery Date: _____

For non-medical bonding leave after birth when medical incapacity ends (usually 6-8 weeks), enter bonding start date: _____ Use all available bonding leave

Bond with Employee’s child (not giving birth) due to: Birth Adoption Foster Placement

Date of birth or effective date of adoption/ placement: _____

Family Member’s Serious Health Condition (or other Designated Person under state law)

Family Member’s Name: _____ Relationship to Employee: _____

Child under 18 – provide month and year of birth: _____

Family Member is an Injured Current Service Member or Qualified Veteran as Defined by FMLA/ State Law

Qualifying Exigency – Related to a Family Member called to Military Service

Active-Duty Military Leave **Reserve Training**

Bone Marrow or **Organ Donation**

Other Reason: _____

Employee Signature – Employer may leave blank and submit leave request on employee’s behalf.

Name (Print): _____

Signature: _____ Date: _____

Employer Information and Authorization For Completion by Employer Only

New Requests are processed within 3-5 business days. Refer to the Leave Administration Guide for more information. Skip the form and submit online in the Paychex Oasis Portal OR [email](mailto:PEOLeaveServices@paychex.com) completed form to PEOLeaveServices@paychex.com.

Client ID: 25558 Employee ID: _____ Employee Name: _____

Type of Request – To request takeover for a leave started prior to your Paychex Service Agreement, email the Leave Services team

- New Leave Processing Request** – Employee communications sent by Paychex (for administered absence reasons)
- Status Change Request for Employer-Administered Leave** – No employee communications sent by Paychex, or leave reason not administered by Paychex (i.e. Personal Leave). Answer below benefits question and skip to the employer contact section.
- For Benefits Administration Purposes**, for what date range(s) is the employee covered by a federal, state, or local law/ regulation requiring benefits continuation? _____ None or N/A

Employee Eligibility - completion required for new leave processing requests

Important: Provide eligibility information based on all related company entities/ locations combined, regardless of whether Paychex processes their payroll. The Employer, not Paychex, is the covered employer for leave statutes/ regulations. **Submission indicates I understand my company determines which entities and locations are combined for leave purposes.**

1. **Is your organization an FMLA-covered Employer?** Defined as a private employer with 50 or more employees for each working day during each of 20 or more calendar weeks in the current or preceding calendar year, a public agency, or an elementary or secondary school. Yes No
2. **If an FMLA-covered Employer, does this employee work at or report to a location with 50 employees in a 75-mile radius of that location?** Count all remote employees at the physical worksite location to which they report – do not use a home address as a worksite for leave purposes. Yes No
3. **If this employee is a Key Employee under FMLA, is there a possibility your company will deny reinstatement at the conclusion of approved FMLA leave because the restoration of the employee to employment (not their absence) will cause 'substantial and grievous economic injury' to the employer's operations?** No or N/A Yes reinstatement could be denied
4. **Has this employee completed 12 or more months of service within the past 7 years?** Include all time employed by the company whether continuous or in separate segments of employment. Yes No
5. **Number of hours worked by this employee in the 12 months preceding the leave start date (not including time off and non-working pay types).** Required if your current employer ID has processed payroll with Paychex for less than 12 months OR payroll records do not accurately reflect hours worked. Paychex has all hours worked on file
Hours 1400
6. **For prior leaves not administered by Paychex, has this employee used any FMLA or other protected leave in the past 12 months which impacts the employee's available leave balance for this leave?** If yes, include all details and dates in the email when submitting this form. Yes N/A
7. **Any company closures during employee's leave?** (i.e. shutdown, spring or summer break) Yes No
If yes, indicate dates and reason: _____
8. **For leaves due to a work injury or illness, do you require a new medical certification prior to approving FMLA or other leave policies, if eligible?** You may request a certification if you are unable to confirm the absence qualifies as a serious health condition under FMLA or other entitlement. No or N/A Yes – require cert.
9. **Employee work schedule on Page 1 of this form is complete and accurate.** Confirmed

Employer Contacts – Provide at least one to receive employer communications and copies of employee communications

Primary Contact: Atticus |JEM HR Support Team Email: support@atticushr.zendesk.com

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Employer Signature and Authorization

Name (Print): _____ Date: _____

Signature: _____ I am an authorized HR contact for this Employer

Authorization to Administer Leave and/or Change Employment Status: I confirm that the information provided is accurate, and that I as the Employer authorize Paychex to use this submission for purposes of determining eligibility of this employee for leaves under federal and state regulations and/or placing this employee on leave of absence status. The Employer authorizes Paychex to approve and administer this leave on its behalf if, based on the above provided information, this employee is eligible and qualified for a statutory leave entitlement and for the duration such entitlement is effective. Where an employee is not covered by a statutory leave, Paychex is authorized to approve and administer a medical leave of absence due to pregnancy, childbirth, or related medical condition for eligible employees if such leave request is supported by documentation from a health care provider and within the date range submitted for this leave request.