

# Personal Leave of Absence Extension Request

Name: \_\_\_\_\_ Employee ID (payroll number) \_\_\_\_\_

Date of Hire (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_ Status  Exempt  Non-Exempt

Department: \_\_\_\_\_ Title: \_\_\_\_\_

eFunds may grant an extension to an associate a leave of absence for personal reasons other than those outlined in the Company's other leave policies. **A personal leave of absence is taken without pay or a guarantee of job reinstatement.** An associate should make an extension request for a personal leave of absence in writing to his or her manager by using this form. Requests should include the extended end date of the leave.

## Original Requested Personal Leave Dates

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Extension Request End Date: \_\_\_/\_\_\_/\_\_\_

Reason for requesting an extension of your personal leave of absence:

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

**Approval:**

In unusual circumstances, eFunds will consider an extension request and any extensions will need to follow the same approval process, using this form. The associate’s manager and one-over manager must approve an associate's request for an extension of his/her personal leave of absence, and management must consult with Human Resources prior to approving such a leave request. Personal leaves of absence will be granted and permitted to continue at the sole discretion of eFunds.

If the personal leave of absence extension request is for an extended length of time, the request will need to be approved by the Senior Vice President of the business unit in which the associate works, and by the Senior Vice President of Human Resources and Administration.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
One-Over Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sr. Vice President – Business Unit (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sr. Vice President – HR (if applicable)

\_\_\_\_\_  
Date

**Benefits**

Associates will receive benefits only during the first 30 calendar days of any personal leave of absence. Associates will have the option to continue insurance coverage by paying the required insurance cost within the time specified by eFunds. Time spent in a personal leave of absence in excess of 30 calendar days will not count toward service time, and an associate’s anniversary date will be adjusted as a result.

**Employment**

Employees placed on a personal leave of absence will have no guarantee that their position will remain open. The Company may, at its sole discretion, make reasonable efforts to place returning associates in existing positions with similar duties and at similar pay levels.. However, if no such position is available when an associate is ready to return to work, an associate may be discharged from employment.

Employees who are denied a personal leave of absence request, will be required to continue working or return to work, if the denial is an extension request. Those employees who do not return to work will be considered to have voluntarily terminated their employment.