



Leave Of Absence (LOA) Notice

Please check one: Going on LOA Returning from LOA

Medical and Dependent Care Reimbursement Plan

Employee Data

Employer Name:		
Employee Name:		
Employee Social Security (last 4 digits):	XXX – XX –	
Current Plan Year:		<i>Note: If a leave of absence spans two Plan Years, separate action must be taken and a separate LOA form must be completed for each Plan Year.</i>

GOING ON Leave of Absence Data

First Date of Leave:	
Expected Return from Leave:	
Last Payroll deduction date:	

RETURN FROM Leave of Absence Data

Actual Date of Return:	
First Payroll deduction date:	

LOA Salary Reduction Election Information

<input type="checkbox"/> Lump sum salary reduction prior to leave (pre-tax) Amount: \$ _____ Payroll Date: _____	<input type="checkbox"/> Continued level salary reduction Assumes paycheck continues through entire leave.
<input type="checkbox"/> Lump sum salary reduction after leave (pre-tax) Amount: \$ _____ Payroll Date: _____	<input type="checkbox"/> Adjusted level salary reduction Assumes paycheck continues through part of leave. Amount: \$ _____ First Adjusted Payroll: _____ Last Adjusted Payroll: _____
<input type="checkbox"/> After-tax contribution during leave <input type="checkbox"/> Lump Sum Amount: \$ _____ <input type="checkbox"/> Periodic Payment Amount: \$ _____ x _____	<input type="checkbox"/> Combination of above options – Describe: _____ _____ _____ _____
<input type="checkbox"/> Increased level salary reduction after return from leave until Plan Year end. Amount: \$ _____ Initial Payroll Date: _____	

Verification

Date:	Participant Signature:
Date:	Employer/HR Signature: