



REQUEST FOR UNPAID PERSONAL LEAVE OF ABSENCE

Name:

Address:

Social Security Number:

Period of Leave Requested:

From: _____ To: _____
Leave of Absence not to exceed _____ days

Reason for Leave of Absence:

- Extended Vacation
- Education / Vacation
- Other

I understand that failure to return to work immediately following the personal leave of absence will result in my termination. I also understand that if my Leave of Absence is 30 days or longer that my group health benefit will be terminated and I have the right to continue my group benefits under COBRA. I further understand that the personal Leave of Absence is unpaid.

Approval for a personal Leave of Absence will be considered on the basis of the needs of the business and the employee's particular circumstances. While Real Soft, Inc will endeavor to restore the employee to his/her former position or to a comparable position at the end of the Leave of Absence, Real Soft, Inc. cannot guarantee such reinstatement.

Employee Signature Date

Real Soft, Inc. Approval

Name and Signature Date Manager

Return the completed request to the Human Resources Department for processing. Fax to (609) 409-3637.

Note: This form should not be used for requesting an unpaid Family and Medical Leave of Absence.

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