



## EIB Request Form

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

EIB is given to the employee for the following reason:

( ) Illness documented by a physician (Attach Documentation)

*Prior to receiving this EIB benefit the employee must use PTO or unpaid time. The following is a schedule to determine the hours an employee must take of PTO or unpaid time to be eligible to receive this EIB benefit.*

72-80 hrs. -24 hrs.

PTO or Unpaid Time Taken

66-77 hrs. - 21 hrs.

60-65 hrs. -18 hrs.

\_\_\_\_\_hrs. pp# \_\_\_\_\_

\_\_\_\_\_hrs. pp# \_\_\_\_\_

( ) Jury Duty (Attach a copy of a court documentation)

*8 hours maximum per day*

( ) Death of an immediate relative

*24 hours for immediate family member of spouse, child, mother (in-law), father (in-law), brother (in-law) and sister (in-law), daughter-in-law, son-in-law: 16 hours for grandparents or grandchild)*

Number of EIB hours requested: \_\_\_\_\_

PP#: \_\_\_\_\_

**\*\*NOTE:** *This form must be completed and attached to the employee's time sheet before EIB will be given.*

Please notify Human Resources of any extended length of time that may require time off due to an illness or injury so FMLA can be activated.

\_\_\_\_\_  
*Supervisors Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Human Resources*

\_\_\_\_\_  
*Date*