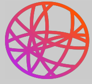 BARNES™

Leave of Absence Request Form

Initial Request ☐

Extension Request ☐

Name: ____________ SSN: ____________ Last Day Worked: ____________

Location: ____________ Date of Hire: ____________ Job Title: ____________

I hereby request a leave of absence from (date) ________ to (date) ________ .

EMPLOYEES: **INDICATE ON THE LINE(S) PROVIDED THE TYPE OF LEAVE YOU ARE REQUESTING.**
Note: If selecting Medical Leave/Disability you should also check II(d) to qualify for FMLA protection if you meet the FMLA eligibility requirements, as noted.

I. ☐ Medical Leave/Disability

Provisions of Medical Leave/Disability:

- For personal injuries or illnesses(occurring outside of the workplace), or pregnancy, which exceed five (5) business days in duration

Note: If the leave is for the employee's serious health condition, the time absent will be counted towards Family Medical Leave, if eligible

II. ☐ Family Medical Leave (check all applicable)

____ (a) My serious health condition (*see I. above*) – Must Complete FMLA Certification of Serious Health Condition Form

____ (b) To care for my spouse, son, daughter or parent with a serious health condition. – Must Complete Certification of Family Member's Serious Health Condition Form.

____ (c) To care for newborn son or daughter. (If time requested exceeds 12 weeks*, additional time requested may not be considered Family Medical Leave.)

____ (d) The placement of son or daughter with me for adoption or foster care.

____ (a) Qualifying Exigency Leave – Must complete Certification of Qualified Exigency for Military Family Leave Form

____ (b) Military Caregiver Leave (for serious Illness or Injury of Covered Service Member) – Must complete Certification of Illness/Injury of Covered Service Member Medical Family Leave Form

Provisions of FMLA:

- If you have been employed by Barnes Group Inc. for 12 consecutive months or longer and for at least 1250 hours during the previous 12-month period, you are eligible for the Family Medical Leave Act (FMLA), a federal program that guarantees your right to job protection for up to 12 weeks in a 12-month period.
- Military Caregiver Leave allows for 26 weeks of leave in a single 12-month period
- FMLA State benefits which are more generous than Federal benefits will be applied.
- If you have checked (c) or (d) above, a health care provider must provide certification of serious health condition before FMLA will be approved.
- All FMLA time will run concurrently with Disability leave time, if FMLA pertains to employee's own serious health condition (assumes FMLA leave time permitted has not been previously exhausted).
- You will be required to use all accrued, unused paid vacation entitlement in excess of one week, and all disability, and sick leave for which you qualifies first, as part of the 12-week* period. Any remaining portion of the 12-week* period will be unpaid.

III. ☐ Military

Provisions of Military Leave:

- Leave of absence without pay will be granted pursuant to the terms and conditions of the law. Military Leave for the purpose of annual training requirements will be paid for up to two (2) weeks, in a rolling calendar year. You must provide a copy of your orders with your Leave of Absence request.

For all Leaves of Absence:

- I UNDERSTAND THAT I AM RESPONSIBLE FOR MAINTAINING REGULAR CONTACT EVERY 30 DAYS, OR MORE FREQUENTLY, AS PRACTICABLE, WITH MY SUPERVISOR OR DESIGNATED HR REPRESENTATIVE, TO ADVISE OF MY LEAVE STATUS AND ANTICIPATED RETURN TO WORK DATES.
- I UNDERSTAND THAT TIME AWAY FROM WORK IS SUBJECT TO MANAGEMENT APPROVAL AND COMPANY POLICIES.
- I UNDERSTAND THAT IF I DO NOT REPORT FOR SCHEDULED WORK UPON EXPIRATION OF THE LEAVE OF ABSENCE AND I HAVE NOT BEEN GRANTED AN EXTENSION (IN WRITING) OF THIS LEAVE OF ABSENCE, THE TIME WILL BE CONSIDERED UNSCHEDULED ABSENCES UNTIL THREE (3) CONSECUTIVE DAYS HAVE ELAPSED, AT WHICH TIME IT WILL BE DEEMED A VOLUNTARY RESIGNATION. IF MY LEAVE OF ABSENCE EXTENDS BEYOND SIX (6) MONTHS, MY CONTINUED EMPLOYMENT WITH BARNES GROUP INC. WILL BE EVALUATED, SINCE IT MAY NOT BE POSSIBLE TO RETAIN MY POSITION AS VACANT (EXCEPTION - MILITARY LEAVE).

Employee Signature: ______________________________ Date: ______________

Approved/Reviewed

☐ Leave approved ☐ Leave not approved

Manager ______________________ Date ______________

Please Forward this form to Human Resources immediately.

Processed in Human Resources

To be maintained in the employee’s confidential medical records.

Signature ______________________________ Date ______________