

Personal Leave Request

Leave Request Form



This request should be made at least 30 days in advance of the date in which you wish to start Personal Leave, if applicable. Further information on Personal Leave can be found on www.myMPCbenefits.com.

- Inform your Supervisor and Human Resources regarding the dates you are planning Personal Leave for coverage planning purposes.
- Employee completes and signs this Personal Leave Request Form and submits to local Human Resources.

Employee Information (to be completed by Employee) PLEASE PRINT

Employee Name:	Employee Number:
Organization:	Years of Service:
Occupation:	Human Resource Contact:

Section I: Leave Request

- This request is for a **Personal** Leave (*Personal Leaves are a minimum of 30 days, unpaid*).

Provide explanation for Personal Leave: _____

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Return Date: ____ / ____ / ____

Section II: Benefit Premiums/Payroll Information (if applicable)

During any period of unpaid leave of absence, an employee will be invoiced directly at their home address for benefit premiums. Monthly billing typically occurs around the 10th of each month. If you wish to waive/discontinue coverage under any Benefit Plan in which you are currently participating, you must contact the Benefits Service Center in Findlay to complete a Benefit Change Form. For all Personal Leaves, you must comply with late enrollment provisions to re-enroll after returning to work.

Section IV: Signature Statements

I hereby request a Personal Leave without pay for the period and reason as submitted on this form. I have read and understand the conditions that will apply to this Leave (refer to the Personal Leave Policy). I acknowledge that, for any Personal Leave, the Company has the right to recover all employer-paid benefit premiums if I fail to return from Leave.

Employee Signature:	Date:
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Section IV: Approval

Manager/Supervisor Approval Signature & Date:	Organization Vice President Approval Signature & Date:
Local HR Consultant/Manager Approval Signature & Date:	Director, Human Resources Signature & Date:

Send the completed form and/or verification documents to:

Marathon Petroleum – Absence Management

539 South Main Street, Room D-03-126 | Findlay, OH 45840

Email: HelpBenefitsFMLA_Leaves@MarathonPetroleum.com

Fax: 419-421-3057