

SUBMIT TO: WALGREEN CO.
Personnel Department MS # 61
200 Wilmot Road
Deerfield, IL 60015

REQUEST FOR LEAVE

NOTE: If leave is for your own illness (including pregnancy), Forms 788 and 791 MUST also be completed for Disability Benefits.

Check Type of Leave Requested:

- Disability Leave (for employees not eligible for Disability Benefit payments or for employees who have exhausted Disability Benefit payments). **Physician's statement must accompany this form. NOTE: If you have 12 months' service and have worked at least 1,250 hours during the most recent 12 month period, leave for your own illness is considered Family Leave under the Family Medical Leave Act.**
- Personal Leave: (All current year vacation must be taken before Personal Leave may begin.)
- Family Leave: (All current year vacation must be taken before Family Leave may begin.)
 - Leave for care of newborn child. Child's date of birth: _____
Indicate number of vacation days taken to care for newborn child. _____
 - Leave for adoption of child or placement of foster child. Date of Placement: _____
Indicate number of vacation days taken due to adoption or placement of foster child. _____
 - Leave for care of spouse, child, or parent with a serious health condition.
(Attach Form 768 completed by physician.)
Indicate number of vacation days taken to care for ill family member. _____

Employee's Name: _____

Home Address: _____

Social Security #: _____ Date of Hire: _____
City State Zip Code

Location Employed:

Address: _____

Location #: _____ District #: _____ Position: _____
City State Zip Code

Last Day Worked (after any or all vacation has been paid): _____

Leave Dates Requested: _____ to _____
Date Date

If Family Leave: Continuous Intermittent

Reason for Request (in detail) – include terms of intermittent leave: _____

Is spouse employed by Walgreens? Yes No

If yes, list spouse's name: _____ Social security number: _____

I have read and completed the above request and have read and understand the information contained on the reverse side of this form.

(Signature – Employee)

(Date)

(Signature – Unit Manager)

(Signature – District Manager/Department Director)

Location Phone #: _____

EMPLOYEE MUST READ ADDITIONAL INFORMATION ON REVERSE SIDE.

ADDITIONAL INFORMATION

DISABILITY LEAVE: *(Employee's own illness including pregnancy.)*

Employees with at least 3 months service, who have worked an average of at least 25 hours per week during the last 12 weeks, are eligible for unpaid Disability Leave.

If the employee has a year or more of service the amount of time an employee is on disability (paid or unpaid) will count towards the 12 weeks allowed under the Family and Medical Leave Act.

A physician's statement must be submitted to the Personnel Department along with Request for Leave. Failure to provide documentation may result in a delay or denial of leave or possible termination of employment.

During the period of time an employee is on an approved disability leave, Walgreens will pay the medical and dental premiums. However, if the employee has coverage under any of the voluntary insurance plans, premiums must be paid directly to the insurance carriers to keep the policies from lapsing. Contact the carriers for information.

A written release will be required from the attending physician for the employee to return to work. This release should be forwarded to the Personnel Department. The Personnel Department **must be notified** when the employee returns to work.

Employees are not designated as "key employees" under the Family and Medical Leave Act.

If the employee has 12 months service and the period of leave amounts to 12 weeks or less in a calendar year, the employee will be reinstated to the same or an equivalent position. Otherwise, reinstatement to the identical position held prior to taking leave cannot be guaranteed, but the Company will attempt to place the employee in a comparable position.

If the employee fails to return to work when the leave expires for reasons other than the continuation, recurrence of a serious health condition of the employee or the employee's family member or circumstances beyond the employee's control the employee may be required to pay both the employee and employer portion of health insurance premiums.

FAMILY LEAVE: *(For birth, adoption, or placement of a foster child; or care of a child, spouse, or parent with a serious health condition.)*

Employees with at least 12 months service, who have worked at least 1,250 hours during the most recent 12 month period, are eligible for unpaid Family Leave.

The amount of time taken for any reasons listed above (including vacation time taken) will count towards the 12 weeks allowed under the Family and Medical Leave Act.

A physicians statement (Form 768) must be submitted to the Personnel Department along with the request for leave if the request is to care for a child, spouse, or parent with a serious health condition. Failure to provide documentation may result in a delay or denial of leave or possible termination of employment.

All current year vacation must be taken before unpaid Family Leave begins.

Medical and dental premiums and other benefit deductions for the period of time the employee is on an approved family leave will be deducted from the employee's paycheck upon the employee's return to work. However, if the employee has coverage under any of the voluntary insurance plans, premiums must be paid directly to the insurance carriers to keep the policies from lapsing. Contact the carriers for information.

A written release will not be required for the employee to return to work. However, the Personnel Department **must be notified** when the employee returns to work.

Employees are not designated as "key employees" under the Family and Medical Leave Act.

Employees who are on an approved Family Leave will be reinstated to the same or an equivalent position.

If the employee fails to return to work when the leave expires for reasons other than the continuation, recurrence of a serious health condition of the employee or the employee's family member or circumstances beyond the employee's control the employee may be required to pay both the employee and employer portion of health insurance premiums.

PERSONAL LEAVE:

Employees with at least 6 months service, who have worked an average of at least 30 hours per week during the last 12 weeks, are eligible for Personal Leave.

All current year vacation must be taken before Personal Leave can be granted.

Coverage under any Company sponsored medical, dental, or life insurance plan will be canceled the date the leave begins. The employee may obtain an individual life insurance policy under the Conversion Privilege of the Plan. Employees are eligible to continue health and dental coverage for 18 months at the employee's expense. Contact MediClaim for more information.

The Personnel Department **must be notified** when the employee returns to work.

Reinstatement to the identical position held prior to taking leave cannot be guaranteed, but the Company will attempt to place the employee in a comparable position.

YOU WILL RECEIVE ADDITIONAL TERMS AND CONDITIONS OF YOUR LEAVE IF THE LEAVE HAS BEEN APPROVED