

# Request for Leave or Chronic Illness Support



Please visit Publicis Groupe's [employee privacy notice and policy](#) to learn more about our practices concerning the collection and use of your personal information.

## 1 Employee & Company Information

Full legal name \_\_\_\_\_ Employee Career Settings ID \_\_\_\_\_  
[Career Settings](#) > My Profile > under 'Profile' / 'User Information'

### Expected absence days, if requesting a leave:

Start date \_\_\_\_\_ End date \_\_\_\_\_  
 continuous                      intermittent

If requesting intermittent leave, explain the frequency & duration: \_\_\_\_\_

I confirm that my personal information, including home address, personal phone number and email, are updated and accurate in Career Settings should anyone need to contact me during my leave (if applicable).

## 2 Type of Absence or Support

**Medical: Self**  
*Sick/Injured: non-work related*

**Maternity/Paternity**  
*Birth of a child, adoption*

**Kin Care**  
*You believe this absence may qualify for [Family Medical Leave \(FMLA\)](#)*

**Care for Military Service Member**  
*You believe this absence may qualify for [Family Medical Leave \(FMLA\)](#)*

**Medical: Care for a Family Member**  
*Your relationship to family member:*

**Worker's Comp**  
*Injured: work related*

**Bereavement**  
*Relationship to deceased:*

**Military Spouse Leave**  
*Attach documents that your spouse is on leave from military deployment*

**Cancer & Chronic Illness Support**  
*(Also [get access to internal community and coaching](#))*

**Other Reason for Absence:**  
 \_\_\_\_\_  
*do not provide medical information*

## 3 Employee Acknowledgement

- I understand that I am required to effectively communicate and provide the Company—and its insurance provider: The Hartford, if applicable—any information and documentation requested to support this request pursuant to local, state and/or federal laws.
- I understand that my failure to do so may result in delay and/or denial of my request.
- I understand that in addition to completing this form, I **must initiate a claim with Sedgwick (AbsenceOne) regardless of whether I am currently requesting a leave of absence.** If I have any questions, I can contact Sedgwick directly at 877-509-0553 weekdays from 8am - 8pm ET and reference Policy #CG-73011.
- Applicable to those applying for Working with Cancer chronic illness benefits, I understand that if I meet the eligibility criteria for benefits, the date I sign and return this completed form to HR is the effective date that benefits begin, including one year of job protection.
- I understand that I must apply for any applicable statutory or voluntary sources of leave and/or monetary benefits for which I am eligible as a condition of receiving leave benefits being requested by submission of this form. I understand that any paid leave provided by the Company is intended to be coordinated with any applicable statutory or voluntary sources of monetary benefits and that I am not entitled to receive more than 100% of my base compensation pay at any time, to the maximum extent permitted by applicable law. In the event that Company benefits or other paid leave is not coordinated with statutory or voluntary sources of benefits and offsets are not deducted at time of payment, I understand that I am not entitled to any payment beyond 100% of my base compensation pay and, to the maximum extent permitted by applicable law, must reimburse the Company for any amount received by me above 100% of my base compensation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to your local HR team

**For HR Department to Complete**

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_