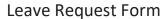
Educational Leave Request





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

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

malayaa Namay	Frankrija Nijerbari
imployee Name:	Employee Number:
Organization:	Years of Service:
Occupation:	Human Resource Contact:
Section I: Leave Request	
This is an initial request for an Education	nal Leave
This is a request for an extension of a p	reviously approved Educational Leave.
Duration of leave: from	/to/
Note: Under no circumstances, including exceptional cases, m discharge practice.	y the duration of an Educational Leave extend beyond 24 months, per the Company's neu
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Note: Under no circumstances, including exceptional cases, modischarge practice. Section II: Leave Detail egree Program: (Degree being pursued) chool: chicipated Date of Completion: eason for Leave: Provide an explanation for respective controls.	Degree Type: (Undergraduate/Graduate) Course of Study: (Major) equesting Educational Leave, including Expected Return Date and the sequence of the company's new and the company's new and the company's new are the Company's new and the company's new and the company's new are the Com

Educational Leave Request

Leave Request Form



Section III: Benefits Status While on Leave* (this section to be completed to clarify benefits continuation while on leave)

Please signify which benefits are being requested to continue while on Educational Leave. If waiving coverage, complete a Benefit Change Form and submit it along with this form for processing. If the requested benefits continuation is approved, premiums will be billed and due on a monthly basis, unless they are prepaid.

Health Yes	No	Optional Life Insurance	Optional Life Insurance (Basic Life ends)				
		Employee: Yes	No	_ Dependent: Yes	No		
Dental Yes	No						
		Optional Accidental De	eath & Dismer	nberment Insurance (Ba	asic AD&D ends)		
Vision Yes_	No	Employee: Yes	No	_ Dependent: Yes	No		
Section IV	/: Approval						
Employee Signature:			Date:				
Manager/Supervisor Approval Signature:		ature:	Date:				
Organization Vice	e President Approv	al Signature:	Date:				
Local HR Consult	ant/Manager Appr	oval Signature:	Date:				
Director, Human	Resources Signatu	re:	Date:				

Send the completed form and verification documents to:

Marathon Petroleum - Absence Management
539 South Main Street, Room D-03-126
Findlay, OH 45840
Or by email to

HelpBenefitsFMLA_Leaves@MarathonPetroleum.com
or by fax to 419-421-3057