

Educational 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 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.

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 is an initial request for an Educational Leave
- This is a request for an extension of a previously approved Educational Leave.

Duration of leave: *from* ____/____/____ *to* ____/____/____

Note: Under no circumstances, including exceptional cases, may the duration of an Educational Leave extend beyond 24 months, per the Company's neutral discharge practice.

Section II: Leave Detail

Degree Program: _____ **Degree Type:** _____
(Degree being pursued) *(Undergraduate/Graduate)*

School: _____ **Course of Study:** _____
(Major)

Anticipated Date of Completion: _____

Reason for Leave: Provide an explanation for requesting Educational Leave, including Expected Return Date and the direct or indirect benefit of this leave to the Company.

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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 (*Basic Life ends*)

Employee: Yes _____ No _____ Dependent: Yes _____ No _____

Dental Yes _____ No _____

Optional Accidental Death & Dismemberment Insurance (*Basic AD&D ends*)

Vision Yes _____ No _____

Employee: Yes _____ No _____ Dependent: Yes _____ No _____

*Membership in the Retirement Plan and Thrift Plan will be maintained on a "suspended account" basis for the duration of the leave.

Section IV: Approval

Employee Signature:	Date:
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 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