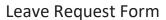
## **Personal Leave Request**





Personal Leave can be found on www.myMPCbenefits.com.	the date in which you wish to start Personal Leave, if applicable. Further information on
☐ Inform your Supervisor and Human Resources regardin☐ Employee completes and signs this Personal Leave Req	ng the dates you are planning Personal Leave for coverage planning purposes.
Employee Information (to be comple	
Employee information (to be complete	ELEG BY ETTIPIOYEE) PLEASE PRINT
Employee Name:	Employee Number:
Organization:	Years of Service:
Occupation:	Human Resource Contact:
Section I: Leave Request	
This request is for a <b>Personal</b> Leave (Personal	onal Leaves are a minimum of 30 days, unpaid).
Provide explanation for Personal Leave:	
·	
Start Date: / / End D	Date: / / Return Date: / / /
remiums. Monthly billing typically occurs around ny Benefit Plan in which you are currently partici	employee will be invoiced directly at their home address for benefit I the 10 <sup>th</sup> of each month. If you wish to waive/discontinue coverage under pating, you must contact the Benefits Service Center in Findlay to complete must comply with late enrollment provisions to re-enroll after returning to
nderstand the conditions that will apply to this Le	the period and reason as submitted on this form. I have read and eave (refer to the Personal Leave Policy). I acknowledge that, for any over all employer-paid benefit premiums if I fail to return from Leave.
Employee Signature:	Date:
Section IV: Approval	
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: <a href="mailto:HelpBenefitsFMLA\_Leaves@MarathonPetroleum.com">HelpBenefitsFMLA\_Leaves@MarathonPetroleum.com</a>

Fax: 419-421-3057