



For Corporate Office Use Only:

Associate ID: _____

Date Received: _____

EDUCATIONAL LEAVE OF ABSENCE APPLICATION

Eligible associates:

1. Part-time associates employed a **minimum of at least 90 days** as of the date of application.
2. Part-time associates with at least one (1) year of service as of July 31st and **has worked at least 200 hours** during the previous policy year of August 1st and July 31st are eligible for an Educational Leave of Absence or;
3. Part-time associates with 90 days of service but do not have at least 1 year of service as of July 31st and **has averaged at least four (4) hours per pay period** as of the application date are eligible for Educational Leave of Absence.

Return this form with a copy of your current college registration or schedule.

Status for quarter/semester being applied for: Fresh Soph Jr Sr

Major Course of Study: _____

Contact Phone # _____

Contact Email Address: _____

Store Manager Name: _____

(Please print)

Store Manager Signature: _____

Name of School: _____

Start date of classes: _____ Store/Center#: _____

I have read and fully understand the Educational Leave policy (P-86). If I have any questions, I can contact the Harris Teeter Benefits department at 704-844-4748, option 4.

Associate Name (Please print)

Associate ID #

Associate Signature

Date

Return this form with a copy of your current college registration or schedule.

Applications may be submitted to:
Harris Teeter Benefits Department
701 Crestdale Road
Matthews, NC 28105
Fax Number 704-844-6561
leaverequest@harristeeter.com

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LOA Begin Date: _____

LOA End Date: _____

Approved/Denied

Reason for Denial: _____

Benefits Representative Signature: _____

Processed Date: _____