



OTSUKA
TOTALREWARDS

Personal Leave of Absence Form

FOR INTERNAL USE ONLY.

Personal Leave of Absence

I hereby request approval to take unpaid leave from my position at Otsuka.

I understand that I must use all eligible paid time off, salary continuation benefits, and job-protected leave before consideration for time off without pay.

I acknowledge that no other time off options, including local, state, or federal leave protections (such as Family and Medical Leave – FMLA), Otsuka Flexible Time Off (FTO), Short-Term Disability, or Long-Term Disability are available to me.

I also understand that I am responsible for paying the employee contribution for benefits during my unpaid leave of absence. Documentation supporting my request is provided for review by my Manager, Department Head, and Human Resources.

I understand that it is within the company's sole discretion whether or not to grant this leave request.

The Personal Leave of Absence form is applicable to the Otsuka companies listed in Appendix A.

Time Period of Leave

Last Day Worked: _____

Leave Start Date: _____

Leave End Date: _____

Return to Work Date: _____

Reason for Leave

Employee Signature

Signature: _____

Name: _____

Date: _____

Appendix A

Participating Companies:

- Otsuka America Pharmaceutical, Inc.
- Otsuka Pharmaceutical Development & Commercialization, Inc.
- Otsuka Precision Health, Inc.
- Jnana Therapeutics, Inc.