

## Request for Leave of Absence

| Employee Name:   | Date:  |
|--|--|
|  | Department:  |
| job Title.   | Department.  |
| Telephone Number:  | □ HOME □ CELL  |
| Email:   | Employee ID #:   |
| LEAV   | EINFORMATION   |
| ☐ This is a new request  | ☐ This is an update to an existing request                     |
| Requested Start Date:  | Extension Return Date:   |
| Anticipated Return Date:   |  |
| T  | YPE OF LEAVE   |
| ☐ Continuous Leave   |  |
| IF   | AVE REQUEST  |
| is officially approved or disapproved.  FMLA LEAVES Personnel Policy 4-7:      | st be properly completed and returned before leave             |
| ☐ <b>FMLA</b> – Eligible employees may qualify f                               | or FMLA leave for one of the following reasons.                |
| A serious health condition that renders the en                                 | mployee unable to perform the functions of the employee's job  |
| The birth and care of a newborn child of the er                                | mployee.   |
| The placement with the employee of a child fo                                  | or adoption or foster care.                                    |
| To care for the employee's child(ren),   | spouse or parent with a serious health condition.              |
| Any qualifying exigency related to the act                                     | tive duty or call to active duty of a covered military member. |
| To care for a covered service member of  | of the Armed Forces with a serious injury or illness.          |
| To care for a covered pervice includer (                                       |  |
|  |  |
| OTHER LEAVES:  | .) Personnel Policy 4-8-2                                      |
| OTHER LEAVES:  □ ADMINISTRATIVE LEAVE (MEDICAL □ ADMINISTRATIVE LEAVE (NON-MEI | •  |



## Request for Leave of Absence (continued)

## **EMPLOYEE REQUIREMENTS & INFORMATION**

- You will be required to use all accrued paid leave balances while you are on leave, except that an employee may choose to retain a sick or MTO leave balance of up to 40 hours (with the exception of Non-Medical Leaves).
- Health insurance premium responsibilities are as follows:
  - o FMLA: An employee who is on FMLA leave shall continue to pay his or her share of any group health plan insurance premiums through payroll deductions or through billing if FMLA leave is unpaid. Personnel Policy 4-7-15.
  - O Administrative Leave: An employee who is on paid administrative leave via the use of accrued leave balances shall continue to pay his or her share of any group health plan and other insurance premiums through payroll deductions. Personnel Policy 4-8-6-A.
  - Unpaid Administrative Leave: An employee who is on unpaid administrative leave must pay both the employee's and the Town's share of any group health plan and other insurance premiums in order to maintain coverage. Personnel Policy 4-8-6-B
- For medical leave, you will be required to furnish a certification of fitness to return to work prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
- If you fail to report to work at the conclusion of the leave period as stated above and you
  have not submitted a written request for an extension, you will be considered to have
  resigned and your employment will be terminated.
- Leave Donations may be available to you (all accrued leave balances must be exhausted). To request a Leave Donation follow the procedure outlined in Personnel Policy 4-9.

Solicitation of leave donations is not permitted.

| REQUEST/ACKNOWLEDGEMENT                                     |  |  |    |
|---|--|--|----|
| Employee Signature:   | Date:  |  |    |
|   |  |  |    |
|   | HR USE ONLY                                    |  |    |
| Appropriate Documentation/Certification on File: ☐ YES ☐ NO |  |  |    |
| Notification of Leave: □ Department □ Employee □ Payroll    |  |  |    |
| Leave: ☐ Approved ☐ Denied                                  | Eligible for Parental Paid Time Off:   YES     |  | NO |
| Military Leave (PAF required): □                            | Eligible for Short Term Disability: $\Box$ YES |  | NO |
| Worker's Compensation: ☐ SBP (F                             | PAF required): □                               |  |    |



## **Request for Leave of Absence**

Re: Leave of Absence

To request a Leave of Absence refer to the following Guidelines and Policies as outlined:

- Submit the Request for Leave of Absence to HR as soon as foreseeable.
- Notify your Supervisor of the Leave Request.
- Once the Request for Leave of Absence has been submitted HR will follow up regarding any requirements, or supporting documentation needed to determine the eligibility status of the Leave request.
- If you are on a continuous leave and eligible for short term disability benefits, contact payroll to coordinate time entry. All other leaves including continuous or intermittent, report your hours in Munis Self-Service.

For details regarding Leave of Absence see the following policies:

- FMLA LEAVE Personnel Policy 4-7.
- ADMINISTRATIVE LEAVE (MEDICAL) Personnel Policy 4-8-2.
- ADMINISTRATIVE LEAVE (NON-MEDICAL) Personnel Policy 4-8-3.
- MILITARY LEAVE Personnel Policy 4-5.
- PARENTAL PAID TIME OFF Personnel Policy 4-16

Additional information, details and the forms can be found on the Employee Portal at <a href="http://www.maranaaz.gov/employee-portal">http://www.maranaaz.gov/employee-portal</a>.