

Request for Leave Form

Employee Name: _____ Employee Number: _____

Employee Phone Number: _____ Personal Email: _____

Position: _____ Department: _____

Standard Work Schedule: _____

Anticipated start date: _____ Anticipated return date: _____

- Initial Application
- Amendment - Specify date on leave request to be amended: _____

Reason for Leave

- Birth or placement of a child with you
- Own serious health condition
 - This condition is related to a Workers' Compensation Claim
- Care for your spouse/child/parent due to their serious health condition
- Qualifying exigency due to your spouse/child/parent on covered active duty status with the Armed Forces
- You are the spouse/child/parent/next of kin of a covered service member with a serious injury or illness
- Other, please specify: _____

Use of Paid Leave

Sick Leave must be utilized before other leave types if the leave is for a qualifying sick leave reason as defined in the Sick Leave section of the Employee Handbook.

Paid time off will be used in the following order unless otherwise specified (employees should contact human resources to change the order of non-sick paid time off):

1. Current Sick Leave
2. HP 21-C Catastrophic Sick Leave
3. HP 20-D Sick Leave
4. Holiday (if applicable)
5. Incentive (if applicable)
6. Personal
7. Vacation

Employee Signature _____ Date
By signing you indicate you have read and understand the terms of the Request for Leave Form Informational Sheet.

Supervisor Signature* _____ Date

Department Director Signature* _____ Date

Human Resources Manager Signature _____ Date

**Supervisor and Director signatures reflect notification of a potential leave. Approval or denial will ultimately be determined by Human Resources.*

Request for Leave Form Informational Sheet

Pay Status During Leave

A leave of absence is normally leave without pay; however, before changing to unpaid leave status, an employee is required to use all applicable accrued paid benefit time. Utilization of all paid benefit time will run concurrently with the employee's leave entitlement under the FMLA if the leave qualifies as leave under the FMLA.

Family and Medical Leave Act (FMLA)

Leave under the FMLA requires additional documentation. A Certification of Health Care Provider is required for leave that is taken due to a serious health condition. If the leave is due to an employee's own serious health condition, a physician's release will be required before the employee may return to work. Once this release has been obtained, a determination will be made regarding whether the employee may return to work in a full-duty status or if the City is able to reasonably accommodate their need for a light-duty assignment.

Benefits During Leave

Keep your benefits intact. When applying for a Leave of Absence, also contact your disability and pension plan for information on how to avoid losing service credit.

Additional Information

For additional information regarding Leaves of Absence, Family and Medical Leave and Workers' Compensation Leave, please reference the appropriate sections of the [Employee Handbook](#). Additionally, the Employee Handbook provides a summary of the provisions of leave under the FMLA and does not contain all of the specific information contained in the regulations pertaining to the Family and Medical Leave Act. If you have a question that is not covered in the Employee Handbook, please contact Human Resources.