

Request for Leave of Absence

Sacramento Employment and Training Agency

Employee Name: _____

Job Title: _____

Mailing Address (while on leave): _____

Personal Phone Number: _____

Work Phone Number: _____

Name of Supervisor: _____

Supervisor Phone Number: _____

Type of Leave Requested:

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy (attach medical verification) | <input type="checkbox"/> Personal (attach specific reasons) |
| <input type="checkbox"/> Illness or injury (attach medical verification) | <input type="checkbox"/> Educational (attach educational leave form) |
| <input type="checkbox"/> Family Care (attach adoption/foster information, and medical verification) | <input type="checkbox"/> Voluntary Union Service |
| <input type="checkbox"/> Parental (attach medical verification) | Other _____ |
| <input type="checkbox"/> Legal (attach specific reasons) | (See covered leaves in the Policies & Procedures) |
| <input type="checkbox"/> Military | |
| <input type="checkbox"/> Volunteer Civil Service/Emergency Responder | (*Disclaimer-Management may not approve reinstatement to position upon return for non-protected leaves.) |

Leave of Absence (Intermittent or Continuous) requested from _____ **to** _____ Intermittent Continuous
(DATE) (DATE)

Employee Statement:

If on a continuous leave, I understand that I am scheduled to return to work on _____ (DATE). If I do not return to work on the above date, or if I do not request an extension of my leave, and receive written approval prior to the expiration of my leave, I will be subject to disciplinary action, up to and including termination.

I understand that my leave of absence (with or without pay) may affect: my leave balances and accruals; holiday pay; continuation and/or payment of medical, dental, life insurance premiums and benefit coverage; and retirement contributions.

I further understand that I will be responsible for contacting the Human Resources department regarding the specific details that pertain to my leave request, including my return rights.

I understand that this leave of absence may be revoked by the Executive Director if the reason for granting such a leave was misrepresented or has ceased to exist.

I also understand that while I am on leave I am not to be engaged in any other paid work.

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY

- | | |
|--|-----------------------------|
| <input type="checkbox"/> ORIGINAL REQUEST | # OF HOURS WORKED: _____ |
| <input type="checkbox"/> EXTENSION/# _____ | AVAILABLE LEAVE TIME: _____ |
| <input type="checkbox"/> DATE APPROVAL LETTER SENT _____ | |

Approval of Leave of Absence (for non-protected leaves with replacement rights):

| | | |
|--------------------------------|---------------|--|
| | | HRC Initials _____ |
| _____ MANAGER | _____ DATE | <u>Protected Leaves</u> Date Mgr Notified _____ |
| _____ CHIEF/DEPUTY DIRECTOR | _____ DATE | Date C/DD Notified _____ |
| _____ EXECUTIVE DIRECTOR | _____ DATE | |