

Department of Children and Families

Office of Human Resources

Leave of Absence Package

All types of leave require supporting documentation or a narrative describing the reason. The Leave of Absence request will not be considered without the required documentation/information as described in the Departmental Leave Policy. Failure to complete this application in its entirety may result in the denial of your leave.

Employees on leave must notify the Office of Human Resources at least two (2) weeks prior to the end of their leave whether they are going to return to work (with necessary documentation), resign in good standing, request an extension, or file for retirement. An employee who fails to return on their designated date without notifying the Office of Human Resource as described above of their intentions, may be terminated for abandonment of position after five (5) days.

Employees are responsible for maintaining their Health Benefit and/or Dental co-payments while on leave without pay. If an employee fails to pay the necessary co-payments, his/her benefits will be terminated. An employee whose benefits are terminated is eligible for COBRA benefits. When the employee returns to work, the benefits can be reinstated by completing Health Benefits and Dental Applications and forwarding them to the Office of Human Resources Leave Unit (Cost Code #941, P.O. Box 717) by the second day of the employee's return.

Required Supporting Documentation by Leave Type

<u>Leave Type</u>	<u>Required Documentation</u>
Personal Leave	Statement in narrative section identifying purpose of leave
Military Leave	Military Orders
Convention Leave	Document from union identifying applicant as a delegate
Educational Leave	Letter of Acceptance to Department Sponsored program; copy of college/university's schedule of classes for requested classes
Emergency Civilian Duty	Letter from American Red Cross requesting applicant's assistance, or Gubernatorial or Presidential Order (as applicable)
Jury Duty	Summons (Prior to attendance) Certification of Attendance (After attendance)
Leave to Appear as a Witness	Summons
Family Leave	Doctor's medical verification (must include first date out on leave, anticipated return date, and reason for absence) Legal documents placing the child (adoption or foster care)
Voluntary Furlough	Statement on form identifying reason for furlough (Must be submitted to OHR at least two (2) weeks in advance)
School Volunteer	Letter from school administrator identifying the activity and that it is Board of Education approved Copy of Leave Request Form approved by supervisor for travel time

**DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF HUMAN RESOURCES
LEAVE OF ABSENCE REQUEST FORM**

EMPLOYEE'S NAME: _____ SS#/EMP ID _____

CIVIL SERVICE TITLE: _____ HOME EMAIL ADDRESS: _____

WORK LOCATION: _____ COST CODE # _____

HOME PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

ANTICIPATED DATES OF LEAVE: FROM _____ TO: _____

TYPE OF LEAVE OF ABSENCE: NEW LEAVE REQUEST EXTENSION REQUEST

FAMILY LEAVE _____	PERSONAL LEAVE _____
PERSONAL ILLNESS _____	CHILD CARE LEAVE _____
PREGNANCY-DIS LEAVE _____	VOLUNTARY FURLOUGH _____
MILITARY _____	JURY DUTY _____
OTHER(DESCRIBE IN NARRATIVE) _____	

DO YOU WISH TO USE YOUR ACCRUED VACATION TIME?	YES ___ NO ___
ADMINISTRATIVE LEAVE?	YES ___ NO ___
COMPENSATORY TIME?	YES ___ NO ___
SICK TIME?	YES ___ NO ___

THE INFORMATION CONTAINED ON THIS FORM AND THE SUPPORTING DOCUMENTATION ATTACHED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

EMPLOYEE'S SIGNATURE DATE

THE LOCAL OFFICE MANAGER/COST CENTER MANAGER MUST INDICATE WHETHER THE LEAVE IS RECOMMENDED OR NOT RECOMMENDED BASED ON THE OPERATIONAL NEEDS OF THE UNIT. IF THE LEAVE IS NOT RECOMMENDED, THE MANAGER MUST INDICATE THE REASON IN THE COMMENTS SECTION.

MANAGER RECOMMENDED NOT RECOMMENDED

LOCAL OFFICE MANAGER/COST CENTER MANAGER DATE

SIGNATURE

*** YOU MUST ATTACH ALL SUPPORTING DOCUMENTATION REQUIRED PER THE DEPARTMENT POLICY

Office Use Only Approved Disapproved Type of Leave _____
Reviewed by _____ Date _____

