

LEAVE OF ABSENCE REQUEST FORM (Including FMLA)

This form should be used for all requests for leaves of absence from duty, paid or unpaid except for approved work related injuries/claims.

Name: _____ Date: _____

Department: _____ Supervisor's Name/Phone: _____

Address: _____
Street City State Zip Code

II. Duration of the Requested Leave:

Leave Starts On: _____ Expected Return Date: _____

Is this an extension of an existing leave? Yes No If yes, indicate your original leave dates: From: _____ To: _____

III. Type of Leave: (Check All That Apply) Please see the reverse side of this form for descriptions of the various types of leaves of absence.

- | | |
|---|--|
| <input type="checkbox"/> A Sick Leave
<i>(FMLA) please attach medical documentation</i> | <input type="checkbox"/> E Medical Leave
<i>(FMLA) please attach medical documentation</i> |
| <input type="checkbox"/> B Vacation Leave | <input type="checkbox"/> F Leave of Absence for Personal Reasons |
| <input type="checkbox"/> C Personal Leave | <input type="checkbox"/> G Jury or Civil
<i>please attach supporting documentation</i> |
| <input type="checkbox"/> D Military Leave
<i>please attach supporting documentation</i> | <input type="checkbox"/> H Bereavement |

IV. Pay Status During the Leave:

I request: Paid leave: Yes No Some paid leave and some unpaid leave Yes No Unpaid leave: Yes No

Please identify the number of hours you wish to use, please remember you must use paid leave first. *Please feel free to call your Human Resources Department for assistance.*

Leave type	Hours available	Hours requested	Leave type	Hours available	Hours requested	Leave type	Hours
Sick			Personal Leave			Jury/civil	
Vacation			Military Leave			Bereavement	
Leave w/o pay			Medical Leave				

V. Notice of FMLA:

Family Medical Leave Act (FMLA) allows eligible employees 12 weeks or 480 hours of protected time off for eligible employees with qualifying circumstances.

FMLA Eligible (Determined by HRD): Yes No **Signed/Date:** _____

Notes:

VI. Authorization(s):

(I fully understand this leave request and have read the instructions and information on the front and back of this form. I understand I am responsible for the cost of my insurance benefits and it is my obligation to contact the Human Resources Department to make arrangements for premium coverage, where applicable)

Employee Signature: _____ Date: _____

Supervisor/Manager: _____ Date: _____

Division/Department Head: _____ Date: _____

Human Resources Department: _____ Date: _____

Leave of Absence Instructions and Information

This **Leave of Absence Request Form** shall be used to request time off from work whether you are requesting leave to be paid or unpaid, for all reasons except for work related injuries. For work related injuries please refer to The City of Villa Rica's Workers' Compensation Benefits Package which you may obtain from your Human Resources Department. An employee granted a leave of absence, unless otherwise provided, has the right to return to a position in the same classification, or equivalent classification in the same department as he/she held at the time the leave was granted.

A. Sick Leave

Full-time employees will begin to accrue sick leave immediately upon employment. Eligible employees will accrue sick leave at the rate of 12 days per year, one day for every full month of service. In the event that sick leave is not used by the end of the benefit year, employees may carry forward any unused sick leave up to 720 hours or 90 days. Upon termination of employment the employee shall **not** be paid for any sick leave earned and not taken. Sick leave must be earned prior to being used. Paid sick leave can be used in a minimum increment of 30 minutes. Eligible employees may use sick leave for an absence due to their own illness or injury or that of a dependent. A dependent is defined as a family member that resides in the employee's household. Any illness or injury that requires three consecutive days absent from works requires a doctors note to return to work.

B. Vacation Leave

Vacation may only be taken with approval. An employee who wishes to take vacation must provide three (3) days advance notice to his or her supervisor by submitting a vacation request; unless the vacation is used for a legitimate, unexpected illness or emergency. The City appreciates as much notice as possible, preferably thirty (30) days, when an employee knows he or she expects to miss work for an extended scheduled absence, such as a planned vacation. When possible, vacation will be allowed in accordance with employee requests, taking operating requirements into account. Generally speaking, length of employment determines priority when scheduling vacation. Requests for vacation leave must be made in writing ten days in advance and will be granted at the discretion of your supervisor or department head.

C. Personal Leave

Employees will be able to convert up to three days or 24 hours of sick leave to personal leave at the end of each year. This leave is designed to allow the employee to attend to personal business without using vacation time. In order to convert sick leave to personal leave the employee must have at least 40 hours remaining after the conversion. Personal leave must be approved by the Department Head in advance. If personal leave is not used by December 31 of the year in which it was converted, it will be forfeited.

D. Military Leave of Absence

The City will comply with its obligations for those employees who serve in any branch of the United States uniformed military services, including providing any necessary time off, in accordance with federal, state, and local law. Military duty, for the purpose of this policy, includes any ordered military duty in the service of the State of Georgia or the United States of America. This includes schools conducted by the armed forces of the United States. Regular full-time employees are entitled to 14 days of leave with pay while engaged in the performance of military duty including going to and from such duty during normal working hours. The portion of any military leave in excess of 14 days will be unpaid. However, employees may use any available vacation for the absence.

E. Medical Leave

Once the twelve-week period of FMLA leave is exhausted, and employee is unable to return to work, the employee may request to extend the medical leave for a period not to exceed an additional twelve (12) weeks. The request must be in writing and delivered to the direct supervisor and department head for review. The Department Head will make a recommendation to the City Manager for final decision. The City reserves the right to grant less than the full twelve weeks.

F. Leave of Absence for Personal Reasons

An employee with one (1) year of employment with the City may be granted a personal leave of absence without pay. Employees may be asked to submit a request for leave in writing. The granting of this type of leave is normally for compelling reasons and is dependent upon the sole discretion and written approval of the Mayor and City Council. Such leaves of absence ordinarily may not exceed six (6) consecutive months and may be granted only after unused, accrued vacation is exhausted. The City will make reasonable efforts to return an employee to the same or similar job held prior to the leave of absence, subject to staffing and operational requirements, but there is no guarantee of, and employees have no right to, reinstatement or continued employment during or following leave in the employee's same position or any position at all. The City reserves the right to fill or reassign an employee's position while on leave at any time and without notice. Unless pre-approved in writing by an authorized representative of the City, engaging in other gainful employment during such a personal leave of absence will be considered a voluntary resignation. An employee on leave without pay status shall not accrue vacation or receive holiday pay during that leave.

G. Jury, civil, voting

An employee shall be given time off without loss of pay when performing jury duty or when subpoenaed to appear before a court, public body, or commission in connection with City business. Employees must provide notice of jury summons or subpoena and should make arrangements with their supervisor as soon as a summons or subpoena is received. Employees are expected to promptly return to work if they are excused from jury duty or appearance for testimony during their regular working hours. Employees also may be given up to two (2) hours of unpaid leave to vote on the day of an election. However, such leave may only be taken during the hours specified by your Department Head. This provision does not apply to employees whose hours of work begin at least two hours after the polls open or end at least two hours before the poll closes.

H. Bereavement leave

Upon approval by the Department Head, bereavement leave up to three (3) consecutive working days per calendar year typically will be granted with pay for an employee's absence from duty in the event of death in the immediate family. Will be granted for the death of any of the following persons: spouse, parent or stepparent, child or stepchild, sibling, grandparent, grandchildren, or any of the above listed members of the employee's current spouse's family, or any person who is domiciled in the employee's household. Employees who must travel over 200 miles from their home, may be granted an additional two days of bereavement leave. Employees must be scheduled to work during the time they are off for bereavement leave. Any additional approved time off will be taken without pay or may be charged against the employee's available vacation.

Please return the completed Leave of Absence Form, with additional supporting documentation, as noted above, to your supervisor.

Your supervisor will review your request and send it to the Human Resources Department for processing