

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 for the leave. The Leave of Absence Request Form 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, and their supervisor, 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. Employees who fail to return on their designated date without notifying the Office of Human Resources and their supervisor 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>
Medical Leave (For Eligible Employee)	WH-380-E Completed by the Employee and Employee's Medical Provider
Family Medical Leave (Care for Eligible Family Member)	WH-380-F Completed by Employee and Family Member's Medical Provider
Leave for Child Bonding	Birth certificate, pregnancy disability medical documentation or legal documents placing the child (adoption or foster care)
Military Leave	Military Orders
Convention Leave	Document from union identifying applicant as a delegate or attendance confirmation documents
Emergency Civilian Duty	Letter from American Red Cross requesting applicant's assistance, or Gubernatorial or Presidential Order (as applicable)
Leave to Appear as a Witness	Summons
School Volunteer	Letter from school administrator identifying the activity and that it is Board of Education approved - A copy of the ECATS Approved Leave Request 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
CONSECUTIVE (10 or more consecutive days) REDUCED/INTERMITTENT

DO YOU INTEND TO APPLY FOR **TEMPORARY DISABILITY INSURANCE (TDI)**? YES NO

DO YOU INTEND TO APPLY FOR **FAMILY LEAVE INSURANCE (FLI)**? YES NO

(If yes, TDI & FLI Forms Should Accompany This Request)

***TYPES OF MEDICAL LEAVES:**

MEDICAL LEAVE
(ELIGIBLE EMPLOYEE)

FAMILY MEDICAL LEAVE
(CARE FOR ELIGIBLE FAMILY MEMBER)

****OTHER TYPES OF LEAVES:**

MILITARY LEAVE
 LEAVE FOR CHILD
BONDING

LEAVE AS WITNESS
 CONVENTION LEAVE
 EMERGENCY CIVILIAN
DUTY

SCHOOL VOLUNTEER
 OTHER

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

EMPLOYEE NARRATIVE/COMMENTS (ATTACH ADDITIONAL SHEETS IF NEEDED):

*** ATTACH THE COMPLETED WH-380E or WH-380F AS APPROPRIATE.**

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

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

