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

<table>
<thead>
<tr>
<th>Leave Type</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Leave</td>
<td>WH-380-E Completed by the Employee and Employee’s Medical Provider</td>
</tr>
<tr>
<td><strong>(For Eligible Employee)</strong></td>
<td></td>
</tr>
<tr>
<td>Family Medical Leave</td>
<td>WH-380-F Completed by Employee and Family Member’s Medical Provider</td>
</tr>
<tr>
<td><strong>(Care for Eligible Family Member)</strong></td>
<td></td>
</tr>
<tr>
<td>Leave for Child Bonding</td>
<td>Birth certificate, pregnancy disability medical documentation or legal documents placing the child (adoption or foster care)</td>
</tr>
<tr>
<td>Military Leave</td>
<td>Military Orders</td>
</tr>
<tr>
<td>Convention Leave</td>
<td>Document from union identifying applicant as a delegate or attendance confirmation documents</td>
</tr>
<tr>
<td>Emergency Civilian Duty</td>
<td>Letter from American Red Cross requesting applicant’s assistance, or Gubernatorial or Presidential Order (as applicable)</td>
</tr>
<tr>
<td>Leave to Appear as a Witness</td>
<td>Summons</td>
</tr>
<tr>
<td>School Volunteer</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 AS WITNESS ☐ SCHOOL VOLUNTEER
☐ LEAVE FOR CHILD BONDING ☐ CONVENTION LEAVE ☐ OTHER
☐ EMERGENCY CIVILIAN DUTY

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

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Office of Human Resources

Version 3.0 Revised 1/2014
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF HUMAN RESOURCES
LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE’S NAME: _____________________________________ SS#/EMP ID ___________________

WILL THIS LEAVE OF ABSENCE POSE AN UNDUE HARDSHIP ON THE OPERATIONS OF YOUR OFFICE/COST CENTER? YES □ NO □ IF YES, PLEASE COMPLETE OFFICE MANAGER’S/ COST CENTER MANAGER’S OPERATIONAL NEEDS STATEMENT BELOW.

OFFICE MANAGER’S/COST CENTER MANAGER’S OPERATIONAL NEEDS STATEMENT:
Instructions - Provide a statement outlining the current operations of your office. Please identify staffing levels in relationship to MSA compliance, approved staff leaves and suspensions, vacancies, and the number of new employees in training period. List any significant office initiatives or projects as applicable.

_______________________________________________________

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_______________________________________________________

OFFICE MANAGER/COST CENTER MANAGER DATE

_______________________________________________________

SIGNATURE

OHR Use Only  Approved □ Disapproved □

Type of Leave ___________________________ Leave Authorization □ Notification □

Reviewed by ___________________________ Date __________________