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

Required Documentation

Leave Type

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 Package

**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

CONSECUTIVE (10 or more consecutive days)

EXTENSION REQUEST REDUCED/INTERMITTENT

DO YOU INTEND TO APPLY FOR **TEMPORARY DISABILITY INSURANCE (TDI)**? YES

NO NO

DO YOU INTEND TO APPLY FOR **FAMILY LEAVE INSURANCE (FLI)**?

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

\*TYPES OF MEDICAL LEAVES:

YES

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? ADMINISTRATIVE LEAVE?

COMPENSATORY TIME? SICK TIME?

YES YES YES YES

NO NO NO 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

**Page 1**

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.

OFFICE MANAGER/COST CENTER MANAGER

DATE

SIGNATURE

**OHR Use Only**

Approved

Disapproved

Type of Leave

Leave Authorization

Notification

Reviewed by

Date

**Page 2**

Office of Human Resources

Version 3.0 Revised 1/2014