



Leave of Absence Request Form

New Amended

Please complete and submit this form to LeaveRequest@slcgov.com 30 days in advance of leave if possible.

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)	6 Digit Employee#	Date of Hire
Home Address (street, city, state, zip code)	Email (personal)	Phone# (personal)
Job Title	Work Schedule/Regular Days Off (ex. M-F 8am-5pm/ Sat. Sun)	
Supervisor Name	Department Name	Platoon (fire ONLY) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

ABSENCE INFORMATION

Leave Type Request

Please indicate the applicable reason(s) for your leave below:

- To Care for My Own Medical Condition (**not work related**) WC (work related injury)
 To Care for Parent, Spouse, Child or Domestic Partner: _____ (*father, mother, son, daughter, etc.*).
 Pregnancy Parental Leave (Care for Newborn/Adoption/Foster Care) Bone Marrow or Organ Donor
 Qualifying Military Exigency Military: Caregiver USERRA: Military Leave

My request will be for the following basis: Continuous Leave Intermittent Leave

For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.

Last Date Worked (if applicable): _____ **Requested Start Date:** _____

Anticipated End Date: _____ *If Intermittent leave, no last date worked nor return date will be required.*

BENEFITS

I will file a claim for: Short Term Disability Parental Leave **Plan A

LEAVE HOURS RESERVE

- I want to reserve up to _____ hours of Vacation PL
 **Per policy, you can reserve up to 80 hours of Personal Time to use. **
 ***Until your leave is approved, you will be required to use some form of pay time off. Upon approval, your time will be adjusted.

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand the misrepresentation or omission of the reason for the leave or any of the facts supporting the need for leave may result in denial of the leave.

Employee Signature

Date

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EMPLOYEE LEAVE OBLIGATIONS

In connection with my request for leave under the Federal Family and Medical Leave Act, and if I am approved for a FMLA leave, I acknowledge the following:

- I am required to provide the Certification of Health Care Provider for my own or my family member's serious health condition within 15 calendar days of my receipt of this notice.
- For a continuous leave which is eligible for supplemental pay (disability, worker's compensation, etc.), I will be required to use available and accrued time off to satisfy any applicable waiting period. I acknowledge that I will be allowed to reserve up to 80 hours of non-lapsing leave as a contingency for future use by submitting a written request to payroll@slcgov.com and LeaveRequest@slcgov.com prior to the accruals being used.
- If my leave is intermittent and/or involves a reduced schedule, I must provide the Intermittent Timesheet each pay period close date to my supervisor.
- While on leave, if I elect to continue my health insurance coverage, I am required to continue to contribute my share of the health insurance premiums. A benefit premium invoice will be sent to you with instructions on how to remit your payment. If payment is not received within 30 days, health insurance will terminate, and a COBRA packet will be mailed out.
- If I take leave because of my own serious health condition, I am required to present a Physician's Return to Work Release note specific to my department before I may be restored to employment.
- If circumstances of my leave change and I am able to return to work earlier than the date originally indicated, I will be required to notify my supervisor and leaverequest@slcgov.com at least 2 business days prior to the date originally identified to report to work.
- I understand that I will not accrue sick or vacation hours while out on an unpaid leave.
- Paid Parental Leave must be taken continuously beginning at the birth or placement of the child. After the Paid Parental Leave, any remaining FMLA leave may be taken continuously or intermittently. Intermittent FMLA leave requires supervisor approval.
- Documentation of the birth (birth certificate or other document verifying the birth), adoption (legal document) or placement of a child (legal placement or foster care document) is required within 60 days of the beginning of leave for Parental Leave. Documentation must show the employee is a parent or has a parental relationship. You will be charged leave time or no pay until the required documents are received. Leave time will be credited once documentation is received. Time used under Parental Leave may also be designated as FMLA leave. For more information, please see the Leave Practices Policy (3.03.05), FMLA policy (3.03.06) or contact your Benefits Leave Coordinator.