

Employees should only use this form when requesting Leave Without Pay, Parental Leave, Civil Leave, Parental School Leave, or other types of leave not accommodated elsewhere (*City of Creedmoor Personnel Policy, Article VI*). If you are unsure if your leave request requires use of this form, please contact Human Resources.

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

**EMPLOYEE REQUEST**

- Type of Leave Requested (Select Only One)**
- Leave Without Pay\*
  - Parental Leave
  - Civil Leave
  - Parental School Leave
  - Other Leave Not Listed \_\_\_\_\_

Enter the date leave would begin and date you anticipate returning to work:

From \_\_\_\_\_ To \_\_\_\_\_

\* If requesting Leave Without Pay, complete the following sections:

List reason for absence and initial each acknowledgement statement below regarding insurance benefits and leave accruals before signing this form. Attach additional documentation as needed.

\_\_\_\_\_ I understand that if I am in Leave Without Pay status for reasons other than a serious health condition, I may be eligible for continued benefits under the city’s group insurance plans, subject to review by the Human Resources Officer and not to exceed 180 days.

\_\_\_\_\_ I understand and agree that any employee-elected dependent insurance and payroll deductions are my responsibility and I must make those payments for continued coverage. I further understand they will lapse immediately if my payment(s) to the city become 30 days past due.

\_\_\_\_\_ I agree that if I choose not to return to work for reasons other than a continued serious health condition, I will reimburse the city the full amount paid for my health insurance premiums during the leave period.

\_\_\_\_\_ I understand that I will cease to earn vacation and sick leave while on Leave Without Pay unless the leave occurs during eligible FMLA or worker’s compensation leave.

*See also City of Creedmoor Personnel Policy, Article VI, Sections 18 & 19.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISOR RECOMMENDATION**

Date Request Received \_\_\_\_\_

I have reviewed this request and  recommend  do not recommend leave.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_

**DEPARTMENT HEAD APPROVAL**

Date Request Received \_\_\_\_\_

I have reviewed this request and  approve  do not approve leave.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HUMAN RESOURCES REVIEW**

Date Request Received \_\_\_\_\_

I have reviewed this request and  find it consistent with policy and application across departments.  
 do not find it consistent with policy or application across departments.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY MANAGER APPROVAL**

Date Request Received \_\_\_\_\_

I have reviewed this request and  approve  do not approve leave.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_