

Employees should only use this form when requesting Leave without Pay, Parental Leave, Civil Leave, Military Leave Compensation or other types of leave not accommodated elsewhere (*City of Creedmoor Personnel Policy, Article VI*). All applicable policy requirements shall accompany this form prior to approval. 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
 - Military Leave Compensation
 - 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 _____