



LEAVE OF ABSENCE REQUEST FORM

(Reference: Employee Handbook – October 1, 2005)

NAME: (Last) _____ (First) _____ (Initial) _____

Date of Request: _____ Department: _____ Employee No. _____

TYPE OF LEAVE REQUESTED : All absences from work **must** be assigned a code for payroll entry. Check (✓) applicable leave(s) to be used. Number of Hours are NOT required.

- Bereavement (BR) Compensatory (CH) Family Medical Leave (FM) Holiday (HH) Jury Duty (JD)
- Military (ML) Personal (PH) Short/Long Term Disability(SS) Sick (SH) Unpaid Absence (LA)
- Vacation (VH) Worker's Comp (WT,WM,WN,) **Maryland Flexible Leave**
(check all leave codes that apply-must be paid hours under this request)

DATE LEAVE BEGINS: _____ **DATE EXPECTED TO RETURN:** _____

Leave of absence is granted upon the following conditions:

1. A Leave of Absence must be requested from Supervisor in person or by phone by the employee on or before the day of the expected Leave.
2. If an extended leave is known to be needed prior to the start of the absence; the request must be made and approved before the expected return date and supported by the required documentation **pursuant to any federal/state mandates**.

Medical Leave Requirements:

1. Leaves requested or reported after the fact can be denied if proper documentation is not provided, thereby subject to being recorded as unpaid absence (LA).
2. All physicians' notes must be legible and dated; include employees name, dates of disability, physicians' signature, address and phone number.
3. Before returning to work you must have a physician's note releasing you to return to work. If restrictions apply it must be indicated on certification and special arrangements must be made prior to reporting to work.
4. Family Medical Leave for employee illnesses must be requested at the earliest convenience. Applicable forms and documentation will be required prior to absence to ensure timely and proper notifications **and payroll entry**.

Approved Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Department Manager: _____ Date: _____

Human Resources Director: _____ Date: _____

Instructions:

Fax completed forms to 410.289.8766 - Human Resources, City Hall, Rm 106.

Sick Hours - form required for extended absences when sick hours are near exhaustion and/or when FMLA/MFLA applies.

Compensatory, Holiday, Personal, Vacation, - do not submit form to HR unless leaves are used in conjunction with medical/unpaid leave.