

PERSONAL LEAVE OF ABSENCE REQUEST FORM

DIRECTIONS FOR REQUESTING PERSONAL LEAVE OF ABSENCE:

- Review Personal Leave of Absence information on the reverse side of this form.
- Employee completes this request form and gives it to their supervisor to review and consult with Human Resources.
- **Forward the completed form to Human Resources.**
- For questions and submission of forms, *contact Human Resources at (231) 922-4481 or (231) 922-4489 or citypers@traversecitymi.gov*

Eligible employees can request a leave of absence when justified by personal circumstances, such as specialized experiences, family issues, extenuating personal needs and elective office. *This type of leave also includes the time off requested by any employee with illness/injury or those who are pregnant but do not meet the eligibility criteria for Family and Medical Leave or who have exhausted Family and Medical Leave.*

The City, for good cause shown, may grant a personal leave of absence without pay. Personal Leaves may be granted to eligible employees with the approval of the City Manager. If such a leave of absence exceeds thirty (30) days, then such leave shall be without accumulation of any vacation, short term leave, longevity pay, or step increases within the salary range credits during such leave.

Submit this request form to Human Resources at least 30 days before the leave is to begin, when possible. If the leave is unforeseeable, please provide notice as soon as possible and practicable under the circumstances. The City of Traverse City reserves the right to deny a Personal Leave of Absence.

PART I: EMPLOYEE INFORMATION

Employee's Name (last, first, middle initial)		Position	Department	Date of Hire
Street Address	City	State	Zip Code	Home Phone Number

PART II: REASON FOR REQUEST: (check one)

<input type="checkbox"/> Personal Reasons: Non-Medical Related	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Personal Reasons: Medical Related <small>(Requires Medical Provider documentation)</small>	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Birth of Child	Expected Due Date:	
<input type="checkbox"/> Placement for Adoption/Foster Care <small>(Requires Adoption Placement Form)</small>	Date to Begin Care of Child:	
<input type="checkbox"/> Personal Reasons: Medical Related for a family member <small>(Requires Medical Provider documentation)</small>	Name:	Relationship:

PART IV: EMPLOYEE SIGNATURE and ACKNOWLEDGEMENT

I certify that the statements made above are true and accurate and that my request is subject to approval by the City Manager. I understand and acknowledge that there is no job guarantee or protection with a Personal Leave of Absence. Approval of the leave request does not guarantee job reinstatement and that your position may be filled, modified or eliminated during the Personal Leave of Absence.

Signature

Date

PART V: CITY MANAGER APPROVAL

_____	_____	_____
Signature	Printed Name	Date

PART VI: PROCESSING

Return this Leave Request Form and any supporting documentation by **mail, confidential fax, email or deliver to:** City Human Resources, 400 Boardman Avenue, Traverse City, MI 49684; (231) 922-4470; citypers@traversecitymi.gov

Signature – Human Resources:

Date Received:

PERSONAL LEAVE OF ABSENCE INFORMATION

(Please review Personal Leave of Absence for full details)

Purpose: To provide eligible employees with leave of absences when justified by personal circumstances, such as specialized experiences, family issues, extenuating personal needs and elective office. This type of leave also includes the time off requested by any employee with illness/injury or those who are pregnant but do not meet the eligibility criteria for Family and Medical Leave or for those who have exhausted their Family and Medical Leave.

Notice: Employees should generally request leave 30 days in advance. If the leave is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

Eligibility: All eligible employees, who regularly work an average at least 30 hours per week. Elected officials, temporary/seasonal employees, employees who regularly work *less* than an average of 30 hour per week are not eligible for a Personal Leave of Absence.

Leave Provisions and Information:

- Employees who wish to request a Personal Leave of Absences must complete the Personal Leave of Absence Request Form to the Human Resource Office as soon as the need for personal leave is known. The employee must discuss their request for a Personal Leave of Absence and any return-to-work arrangements with Human Resources prior to the start of the leave.
- Personal Leaves may be granted to eligible employees with the approval of the City Manager, in consultation with Human Resources. Personal Leaves of Absence will be granted for a period not to exceed six (6) months.
- A Personal Leave of Absence should not be used as an alternative to a resignation or other termination of employment.
- **There is no job guarantee or protections with a Personal Leave of Absence. Approval of the leave request does not guarantee job reinstatement. The employee's position may be filled, modified or eliminated during the Personal Leave of Absence.**
- While the employee is on a leave of absence, the employee may be asked to provide periodic status reports to Human Resources regarding their intention to return to work.
- The City of Traverse City requires employees to use available paid leave, pursuant to the applicable leave policies, prior to using leave without pay.
- The City of Traverse City does not pay an employee's share of health care coverage while the employee is on an unpaid personal leave. Health care coverage may be continued by the employee paying the total premiums. When an employee is on unpaid personal leave, the employee is responsible to arrange for premium payments.
- If the leave of absence is for a disability sustained while working for the Employer, the Employer shall pay the required premium for either six (6) months or until the employee terminates employment with the Employer, whichever is a lesser duration.
- Consistent with the City's policy for all types of leave, benefit accruals, such as vacation leave, sick term leave, personal holidays, etc., will be suspended when unpaid leave begins, and will resume upon return to active employment.
- Employees will not be paid for holidays that fall during a Leave of Absence unless the holiday falls on a day covered by accruals (i.e., vacation leave, sick leave or a personal holiday).
- Reinstatement after a leave is at the discretion of the City Manager with consultation with the Human Resources Director. If the employee is not reinstated, they may apply for open positions that are posted on the City's website.
- If the employee is being reinstated and the Personal Leave of Absence was due to illness/injury, the employee must provide a medical provider release to return to work.
- If an employee is not reinstated or does not return to work at the end of the approved Personal Leave and has not been approved for other reasonable accommodations as required by law, employment will be terminated as the last day of the approved leave of absence.

Different leave provisions and information may be permitted if pursuant to a collective bargaining agreement.

Confidentiality: City of Traverse City will keep confidential all information relating to requests for Personal Leave. This information will be used only to make decisions in regard to the provisions of this policy. Employees will submit all medical information to Human Resources.

Human Resources will only share information with the employee's supervisor that pertains to duration of leave and applicable work restrictions.