



## Leave of Absence Without Pay Request Form

A leave of absence without pay request is available in certain circumstances as described in Personnel Policy 603 - Leave of Absence Without Pay. Employees who meet the eligibility criteria for a leave of absence without pay must complete this form prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence. Please note:

- Leaves of absence without pay **greater** than 7 days must be approved in advance by the Department Head, Division Director and then presented through the Human Resources Director to the appropriate City Manager for approval or rejection.
- If the dates of requested leave change, a new leave of absence request form must be submitted for approval.
- Employees on an unpaid leave of absence are responsible for payment of insurance premiums as agreed upon with Benefits prior to the commencement of leave.
- Employees returning from a leave of absence must contact HR at least one week in advance of the projected return date and may be required to provide a medical certification authorizing the employee's ability to return to work. The certification must be returned to the employee's department prior to returning to work.

*See HR policy 603 for the full details on leaves of absence without pay.*

*This form should only be used to request an unpaid leave of absence that does not qualify under Family and Medical Leave Act (FMLA). Employees should consult with HR to request leave under FMLA or to request leave as an accommodation under the ADA (Americans with Disabilities Act)*

### **To be completed by the employee:**

Date of request: \_\_\_\_\_ Employee name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Requested leave dates (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_.

Name of Physician or provider administering treatment for the condition: \_\_\_\_\_

Reason for the leave of absence: \_\_\_\_\_

☐ Included is the signed statement by the physician or provider of the treatment outlining, in reasonable detail, the employee's condition and prognosis for recovery.

I have read and fully understand the information contained in the City of Amarillo's Personnel Policy 603 - Leave of Absence without Pay.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

***To be completed by the employee's supervisor:***

Leave request is: \_\_\_\_ Approved \_\_\_\_ Not approved

If not approved, provide an explanation: \_\_\_\_\_

\_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by appropriate City Manager:***

Leave request is: \_\_\_\_ Approved \_\_\_\_ Not approved

If not approved, provide an explanation: \_\_\_\_\_

\_\_\_\_\_

City Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's last day worked: \_\_\_\_\_ Employee's return-to-work date: \_\_\_\_\_

**Checklist for HR:**

- ☐ Department Director notified of approval/denial
- ☐ Approval/Denial sent to employee by certified mail.

**NOTES**

***File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.***