



APPLICATION FOR LEAVE

This form may be used to facilitate communication between supervisors and employees requesting FMLA leave or a City Approved Leave of Absence.

TOOELE CITY HALL • 90 NORTH MAIN • TOOELE, UT 84074 • PHONE 435-843-2105 • FAX 435-843-2106

NAME _____

TYPE OF LEAVE REQUESTED:

- FAMILY & MEDICAL LEAVE (SEE POLICY)
- CITY APPROVED LEAVE OF ABSENCE WITH FULL OR DISABILITY PAY INCLUDING FMLA LEAVE (Generally cannot exceed one year.)
- CITY APPROVED LEAVE OF ABSENCE WITH REDUCED OR NO-PAY (Additional verification may be required.)
 - CITY APPROVED LEAVE OF ABSENCE WITH REDUCED OR NO-PAY BECAUSE I HAVE USED MY PAID LEAVE (additional verification may be required)

COMPENSATION WHILE ON APPROVED LEAVE IS ANTICIPATED TO INCLUDE:

- UNPAID
- COMP-TIME
- SICK LEAVE
- ANNUAL LEAVE
- I AM CONTACTING THE SHORT-TERM DISABILITY INSURANCE PROVIDER TO APPLY FOR BENEFITS (Employee is responsible for filing their own claim with STD insurance carrier)*
- I AM CONTACTING THE LONG-TERM DISABILITY INSURANCE PROVIDER TO APPLY FOR BENEFITS (EMPLOYEE is responsible for filing their own claim with LTD insurance carrier)*

USE THIS AREA TO PROVIDE YOUR SUPERVISOR WITH INFORMATION REGARDING THE NATURE OF YOUR REQUESTED LEAVE. INCLUDE DATES, REQUESTS FOR SCHEDULE MODIFICATIONS, AND OTHER INFORMATION THAT WILL HELP YOUR SUPERVISOR UNDERSTAND WHAT YOUR DESIRED NEEDS ARE. EFFECTIVE COMMUNICATION IS IMPORTANT. IF YOUR DETAILS ARE NOT YET KNOWN, PROVIDE THE INFORMATION BASED ON YOUR BEST UNDERSTANDING OF YOUR NEED FOR LEAVE (I.E. BABY IS DUE ON THIS DATE - OR - I MAY NEED ADDITIONAL TIME OFF IF THEY CONDUCT A SECOND SURGERY).

I HAVE READ TOOELE CITY PERSONNEL POLICIES AND PROCEDURES SECTION 27: **EXTENDED OR INTERMITTENT LEAVE** AND REQUEST THE ABOVE LISTED LEAVE.

EMPLOYEE SIGNATURE _____ DATE _____

* NOTE THAT EMPLOYEES MAY ELECT TO, BUT ARE NOT REQUIRED TO, SUPPLEMENT THEIR DISABILITY INSURANCE BENEFITS WITH ANY ACCRUED AND QUALIFYING PAID LEAVE WHILE ON FMLA-PROTECTED LEAVE. HOWEVER, IF THE LEAVE CLASSIFICATION IS A CITY APPROVED LEAVE OF ABSENCE, THE EMPLOYEE WILL BE REQUIRED TO EXHAUST ALL ELIGIBLE PAID LEAVE BEFORE TAKING LEAVE WITH REDUCED OR NO PAY.