

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Subject: Application for Personal Leave of Absence**

Date leave to begin: \_\_\_\_\_ Return to work Date : \_\_\_\_\_

Qualifying reason for leave:

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I understand and agree that approval of this personal leave of absence is subject to the following conditions:

- An employee with accumulated compensatory time and/or vacation leave who is granted a personal leave of absence shall first exhaust all accrued compensatory time followed by accrued vacation leave at the start of the leave and upon exhausting such compensatory time and vacation leave be placed on unpaid leave.
- The reason for the leave is not otherwise covered by other Town policy i.e. Military, FMLA, etc.
- In no instance shall the leave extend past twelve (12) consecutive months.
- Employee shall not engage in other employment during the leave of absence unless such employment has received prior approval by the Director of Human Resources.
- Failure of the employee to return to work immediately following the expiration of the leave may result in termination.

Human Resource Policy 701.0 (Personal Leave of Absence) more fully describes the terms and conditions for a personal leave of absence.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved  Disapproved Department Head \_\_\_\_\_ Date: \_\_\_\_\_  
(Department head action required for all applications)

Approved  Disapproved Director for Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_  
(HR director approval required for applications)

Approved  Disapproved Board of Estimate and Taxation – Date of BET Action: \_\_\_\_\_  
(BET approval required for all applications in excess of six months)

cc: Employee HR File, HR Benefits, Department Head, Department Payroll, Employee