PF302

REQUEST FOR EMERGENCY LEAVE

NAME:_____ SOCIAL SECURITY # :_____

POSITION:_____ DEPARTMENT:_____

I HEREBY APPLY FOR AN EMERGENCY LEAVE OF ABSENCE, EFFECTIVE _____ DUE TO:

_____

_____

_____

_____

EXPECTED RETURN DATE:_____

I UNDERSTAND THAT APPROVAL OF THIS LEAVE WITHOUT PAY WILL SUSPEND ALL CITY EMPLOYMENT BENEFITS AND PROGRAMS EXCEPT FOR THE EMERGENCY LEAVE ITSELF, UNTIL I RETURN TO FULL DUTY. NO TIME SHALL ACCRUE TOWARD PENSION, LONGEVITY, DEFERRED COMPENSATION, PERSONAL TIME OFF LEAVE, HOLIDAYS, INSURANCE OR ANY OTHER BENEFIT NOT MENTIONED, UNTIL FULL DUTIES ARE RESUMED. CREDIT UNION, TOTAL GROUP INSURANCE PAYMENTS MUST BE PAID DIRECTLY BY THE EMPLOYEE DURING THIS ABSENCE.

_____ _____

EMPLOYEE SIGNATURE DATE

_____

DEPARTMENT DIRECTOR/ADMINISTRATOR DATE

☐ RECOMMENDS
☐ DOES NOT RECOMMEND

_____

CHIEF HUMAN RESOURCES OFFICER DATE

☐ RECOMMENDS
☐ DOES NOT RECOMMEND

_____

MAYOR AND/OR DESIGNEE DATE

☐ RECOMMENDS
☐ DOES NOT RECOMMEND