



APPLICATION FOR FAMILY AND MEDICAL LEAVE

NAME: _____ SOCIAL SECURITY # : _____

POSITION: _____ DEPARTMENT: _____

ADDRESS: _____

ANTICIPATED LEAVE START DATE: _____ EXPECTED WORK RETURN DATE: _____

REASON FOR LEAVE:

NOTE: AN EMPLOYEE REQUESTING LEAVE FOR THE EMPLOYEE’S SERIOUS HEALTH CONDITION OR THE SERIOUS HEALTH CONDITION OF THE EMPLOYEE’S SPOUSE, CHILD OR PARENT MUST SUBMIT A VERIFYING MEDICAL CERTIFICATION FROM A PHYSICIAN WITHIN 15 DAYS OF APPLICATION FOR LEAVE.

I HEREBY AUTHORIZE A HEALTH CARE PROVIDER REPRESENTING THE CITY OF PENSACOLA TO CONTACT MY PHYSICIAN TO VERIFY THE REASON FOR MY REQUESTED FAMILY AND MEDICAL LEAVE.

EMPLOYEE SIGNATURE

DATE

REVIEWED BY:

DEPARTMENT DIRECTOR/ADMINISTRATOR

CHIEF HUMAN RESOURCES OFFICER

AN EMPLOYEE MUST USE ANY PERSONAL TIME-OFF LEAVE (PTO) AND PERSONAL HOLIDAY LEAVE CONCURRENTLY WITH FMLA. IF AN EMPLOYEE RECEIVES DONATED LEAVE, IT ALSO WILL COUNT TOWARDS FMLA LEAVE. EMPLOYEES MAY RECEIVE UP TO NINE (9) MONTHS MAXIMUM OF DONATED LEAVE, DONATED LEAVE OF MORE THAN 30 DAYS WILL BE CONSIDERED A NON-SALARIED SUPPLEMENT AND SHALL NOT BE UTILIZED IN THE CALCULATION OF PENSIONS, DEFERRED COMPENSATION(S), AND ACCRUAL OF TIME CREDITED TO AN EMPLOYEE’S SENIORITY. THE CITY WILL CONTINUE TO PAY THEIR PORTION TOWARD THE GROUP INSURANCE PLANS AND SOCIAL SECURITY REPLACEMENT PLAN. DONATED LEAVE IS NOT CONSIDERED TIME WORKED, AND THE EMPLOYEES RECEIVING THE DONATION WILL NOT ACCRUE LEAVE IN THEIR PTO ACCOUNT WHILE ON DONATED LEAVE. DONATED LEAVE MUST BE SUBMITTED IN ADVANCE FOR USE AND CANNOT BE USED RETROACTIVELY. DONATED LEAVE CANNOT BE USED IF AN EMPLOYEE IS RECEIVING ANY OTHER TYPE OF COMPENSATION, SUCH AS WORKERS COMPENSATION, DISABILITY PAYMENTS, ETC.