

Request for Voluntary Medical Leave of Absence

This form is to be completed by students requesting a Voluntary Medical Leave of Absence (MLOA) from Drake University and, at the student's discretion, may be provided to any one of the following individuals:

- a. The Associate Dean of the College in which the student has most recently enrolled ("Associate Dean")
- b. The Drake University Counseling Center ("Counseling Center")
- c. The Drake University Student Health Center ("Health Center")

Student Statement and Request:

1. I am experiencing a health issue that I believe is significantly impacting my academic and or university life and I am therefore requesting a MLOA.
2. I am submitting this request to (check one):
 The Associate Dean of the College in which I have most recently enrolled
 The Drake University Counseling Center ("Counseling Center")
 The Drake University Student Health Center ("Health Center")
3. I will provide my licensed health care provider with a signed patient's waiver provided to me by the University authorizing him or her to discuss my request for a Voluntary Medical Leave of Absence with the with the above individuals and to provide any relevant medical records, facts, opinions and recommendations pertaining to my request.
4. If I am submitting this request to my Associate Dean, I authorize my Associate Dean to discuss and share the information provided herein and any information received from my licensed health care provider on a need to know basis with the Counseling Center or Health Center (my "Primary Health Liaison"). I further understand my Primary Health Liaison may request a meeting with me follow up directly with my licensed health care provider.
5. If I am submitting this request to the Drake University Counseling Center or the Drake University Student Health Center, I authorize them to discuss and share the information provided herein and any information received from my licensed health care provider on a need to know basis with my Associate Dean.
6. I understand my Associate Dean is ultimately responsible for granting or denying all student applications and requests for leaves of absence, including MOLAs, within my School or College and I will be informed by the Associate Dean whether my request for a MLOA had been granted or denied.

(Student Signature)

LEAVE OF ABSENCE LETTER FOR FAMILY REASONS

[DATE]

Dear [RECIPIENT NAME],

Greetings!

I am writing to formally inform you of my request for a leave of absence due to family reasons as discussed earlier. My leave shall begin on [START DATE] and ends on [END DATE]. I will be returning to work on [DATE 1].

To keep my department running smoothly, I shall make sure to finish all my pending tasks and distribute my workload to my teammates accordingly.

Please let me know if you have any more questions or clarifications regarding my requested leave of absence. You can reach me through [YOUR PHONE NUMBER] or mail me at [YOUR EMAIL ID]

Regards,

[YOUR SIGNATURE]

[YOUR NAME]

Your Name
Your Address
Your City, State, Zip Code
Your Phone Number
Your Email Address

Date

Manager Name
Company Address
City, State, Zip Code

Dear [Title and Surname],

This letter is a formal request for an unpaid eight-week leave of absence, so that I may attend a course at [college/university name] to complete [course title]. My last day of work will be [date], and I would returned to work on [date].

This course is a special arrangement and will not happen again, which is why I am so eager to attend. It will also benefit the team upon my return, as I will gain insider information on [relevant topic], which I will be able to share with the department and help improve our services. I have enclosed the brochure for you to see what I will be learning.

During my absence, I can be reached on my phone [insert number] or by email [insert email address] at any time, except between 9am and 12pm on weekdays.

I appreciate your understanding.

Yours sincerely,

[Signature]

[Full name]

REQUEST FOR LEAVE OF ABSENCE

PCC may grant a leave of absence to an employee as detailed in the Faculty and Academic Professional Agreement, the Classified Agreement or the Management/Confidential Handbook. An approved leave begins the first day an employee is off work and normally will not exceed one year.

Employee Name _____ G-number _____

Supervisor/Supervisor _____ Phone _____

Begin Date _____ End Date _____ Full Leave _____ Partial Leave* _____

*Full-time faculty requesting partial leaves must complete a projection of the number of Faculty Days you expect to complete this contract year using the Faculty Annual Work Schedule form.

REASON FOR LEAVE: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Medical/self | <input type="checkbox"/> Personal (Education, etc.) |
| <input type="checkbox"/> Medical/family _____ Relationship | <input type="checkbox"/> Temporary (to take another PCC job) |
| <input type="checkbox"/> Parental _____ Due Date | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> OFLA Bereavement (maximum of 2 weeks per event) | <input type="checkbox"/> Other (Explain below) |

Explanation _____

This leave is conditional pending all required approvals below.

Employees on leave for medical reasons are required to provide 1) a Certification of Health Care Provider and 2) a Fitness for Duty Certification to return to work. Both are available on the HR website.

Employee Signature Date

The following is to be completed by the supervisor and forwarded for approvals:

- Medical/self or family or Workers Comp: Supervisor acknowledge request and forward to HR/Benefits.
- Parental or Bereavement: Supervisor acknowledge request and forward to HR/Benefits.
- Personal or Temporary: Supervisor approve request, forward to Campus President/Vice President for approval, then forward to HR/Benefits.
- Employee will advise the supervisor by ____ / ____ / ____ of intent to return upon completion of leave.

Supervisor Date

Acknowledgement (medical/parental/bereavement leave) Approval (personal/temporary leave)
(check one)

Campus President/Vice President Approval (personal/temporary leave) Date

HR/Benefits Approval (all leaves) Date

**Employee Information Letter
Military Leave of Absence**

Date: _____

To: _____

Employee Number: _____

Envoy Ground Services (EGS) is proud to support the Armed Forces of the United States, and equally proud of its employees who courageously serve in our military. Federal law and Company policy guarantee your right to at least five years of unpaid military leave of absence in most circumstances. The purpose of this letter is to set forth Company policy with respect to military leaves.

Except where military necessity prevents you from doing so, **you must provide at least two weeks in advance written notice to your manager of your activation and assignment to military duty.** It is your responsibility to send us any extensions by fax or email. Please note that upon your return from military leave of absence of more than thirty (30) days, you must provide the Company with documentation that substantiates the entire length of your military duty.

Your requested **Military Leave of Absence** is scheduled to begin on _____ (date) and end on _____ (date). This letter outlines the effect your leave of absence will have and your responsibilities. Please read the letter carefully, then make a copy for yourself and return the original to your manager to keep in your personal file.

Badges (Security)

All identification cards remain the property of Envoy Ground Services and must be returned to the Manager upon the effective date of the leave of absence.

Credit Union

The Credit Union follows the "once a member, always a member" policy, and being on a leave of absence does not affect your membership. You should contact the Credit Union directly at (817) 963-6000 or (800) 533-0035 for information about your account or any existing loans you may have, since payroll deductions are not possible while you are on leave.

Holiday Pay During Leave of Absence

You will not receive holiday pay for the holiday(s) that occur during your leave of absence.

Insert Your Name
Insert Your Home Mailing Address
Insert City, State, Zip

Date

Recipient's Name (Supervisor or HR Contact)
Company Name
Mailing Address
City, State, Zip

Mr./Ms./Mrs. Last Name:

The purpose of this letter is to request approval for a leave of absence from my position with insert company name from insert beginning date through insert ending date. The reason for this request is (briefly explain the reason that you are requesting time off from work, being sure that it is consistent with your company's leave of absence policy requirements).

I will make sure that you and any other employees who may be impacted by my leave of absence are aware of the status of any pending projects and client expectations well in advance of my departure, and I will be happy to train any co-workers who will handle my duties while I am out. Additionally, during the time I am on leave, I can be reached at insert cell number and insert personal email address if there are any questions about my work.

It is my full intention to return to work as scheduled, and do not expect to need to request additional time off for this matter beyond the dates indicated above. Please let me know if you need any additional information, and let me know your decision as soon as possible. I will need to know if my request is approved no later than insert date. Thank you for your consideration.

Regards,

Insert Your Name

Request for Leave or Approved Absence

1. Name (Last, first, middle)	2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN))
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3. Organization

4. Type of Leave/Absence (Check appropriate box(es) below)	Date		Time		Total Hours	5. Family and Medical Leave
	From	To	From	To		
<input type="checkbox"/> Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.</i>
<input type="checkbox"/> Restored Annual Leave						
<input type="checkbox"/> Advanced Annual Leave						
<input type="checkbox"/> Accrued Sick Leave						
<input type="checkbox"/> Advanced Sick Leave						
Purpose:						
<input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other						
<input type="checkbox"/> Compensatory Time Off						
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)						
<input type="checkbox"/> Leave Without Pay						

6. Remarks:

7. **Certification:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.

7a. Employee Signature	7b. Date
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8a. Official Action on Request: Approved Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for Disapproval:

8c. Supervisor Signature	8d. Date
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PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Add / delete information in brackets as appropriate

[add date]

Private and Confidential

[add address]

Dear [add name],

RE: Failure to adhere to absence reporting procedures.

I write regarding your continued absence from work and your failure to respond to my letter dated [add date of 1st letter].

Since I wrote to you, I have tried without success to contact you on your [telephone/mobile phone] on [add dates]. I have also [give details/dates of attempts to contact relations/partners/emergency contacts].

You have now been absent from work since [date]. During this time you have made no contact with the company to explain your absence. This is causing significant planning and operational difficulties for your [department/team/manager]. As I explained in my previous letter, the company takes a very serious view of this situation. Absence without good cause and failure to follow the company's absence notification procedure is regarded a [serious/gross] misconduct and grounds for disciplinary action, including [summary] dismissal.

We have now reached the stage where the company is considering your dismissal. You are required to attend a formal disciplinary hearing to discuss your absence and failure to comply with the company's absence notification procedure. The hearing will be held on [add time and date]. It will be chaired by [name]. [Name] will also be present. You have the right to be accompanied at this hearing by a work colleague or a trade union representative. If you wish to be accompanied, please let me know the name of the person who will attend the hearing with you, so that I can make any necessary arrangements. You will be given every opportunity in the hearing to respond to the company's concerns regarding this matter. If you fail to attend the hearing, without good cause, the hearing will take place in your absence. This means that a decision to dismiss you may be taken in your absence. In any event, you will be notified in writing of the outcome of the hearing and, if disciplinary action is taken, given the opportunity to appeal against the decision.

I sincerely hope that you will reflect on the seriousness of the situation and that you will attend the hearing. If, for any reason, you are unable to attend or if you have any queries on the contents of this letter, please contact me on [add telephone number].

Yours sincerely

[Add name]

[Add title]

LEAVE OF ABSENCE FORM

Instructions: IT IS THE STUDENT'S RESPONSIBILITY TO INITIATE THIS PROCESS. MATRICULATED STUDENTS WHO INTERRUPT THEIR STUDY (including Supervised Fieldwork), MUST REQUEST A LEAVE OF ABSENCE IN WRITING FROM THE CHAIR OF

- The Chair will notify the student in writing of the approval or denial of the leave and will inform the appropriate Program Director. If a leave is granted, a date for return to the program must be recorded. (Normally, there is a five-year time period to complete all degree requirements. The leave of absence extends this matriculation period by the length of time for which the leave is granted).
 - The Chair will forward a copy of the leave of absence notification to the Registrar who will process a drop or withdrawal from any course and/ or fieldwork currently in progress, and who will notify the Admissions Office if appropriate.
 - The regular calendar for tuition liability and refunds will apply and will be based on the date that the request for a leave of absence is received by the Chair*. Students granted official leaves of absence will not be charged maintenance of matriculation fees.
- Complete Part One, including visiting the Financial Aid Office to receive a signature, and return this form to the Chair of your

PART ONE - TO BE COMPLETED BY

Last

First

Bank Street ID

Social Security

Reason for leave (indicate the reason and attach supporting _____

In order for your withdrawal to be processed, a Financial Aid counselor must sign off. Please visit room _____

Financial Aid Signature

Date

PART TWO - TO BE COMPLETED BY DEPARTMENT

Chair's Signature (signifies

*Date request received by

Start date of the

End date of the

Comment _____

Notifications—Please fill in today's date and the Program Director's name. Make three photocopies of this form and forward copies as

Copy sent to _____ Date _____

Copy sent to Program _____ Date _____

Copy sent to Registrar's _____ Date _____

REGISTRAR USE ONLY:

CHOP or WD processed by _____ Date _____

LOA entered into computer by _____ Date _____

Sample Letter to Employee on Leave

[Date]

[Addressee]

Re: Leave of Absence

Dear [Employee],

I write regarding your leave of absence from [employer]. When we last spoke on [date], you informed me that you would be visiting your doctor on [date] and would be able to update me as to your ability to return to work following that appointment.

As you know, [employer] has a policy of allowing employees up to [xx] weeks of disability-related leave from work. According to our records, you have now been on leave since [date]. Therefore, your available leave will expire on [date]. In order to maintain your status as an employee, we need to hear from you regarding your plans and ability to return to work. If you need a modification of your job duties or workspace in order to return to work, or if you need an extension of your leave beyond the [xx] weeks allowed by our policy, please contact me at [phone] or [email] to discuss a possible reasonable accommodation. We may ask that you submit a note from your medical provider specifying what accommodations you need and/or when you will be able to return to work.

If we do not hear from you at all by [date], we will unfortunately be left with no option but to terminate your employment. When you

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NYC Commission on Human Rights
Bill de Blasio, Mayor | Carmelyn P. Malalis, Commissioner/Chair
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