



Leave Without Pay Request Form

Employee Name	Department	Date
Leave Start Date	Leave End Date	<input type="checkbox"/> Continuous _____ Number of days _____ Number of hours
Reason For Leave Request		<input type="checkbox"/> Intermittent _____ Days per week _____ Hours per day _____ Hours per pay period OTHER _____ _____ _____

By Checking Below, I agree to and understand the following:

I have exhausted all available leave accruals

I understand that all leave banks will not accrue hours while on leave without pay

I understand that any benefit provided by the City, including medical, dental & vision, may end or be prorated while on leave without pay

I understand that all voluntary deductions will end if I do not set up payment options to continue the plan

City Manager Approval Required (to be completed by HR/CM)

Continue City contribution of 100% of current benefits paid

Prorate City contribution of current benefits paid based on number of hours worked

Discontinue City contribution of current benefits paid until return to work

Special Instructions/Notes: _____

City Manager Signature	Date
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Leave Without Pay 10-47 of the Personnel Manual

Any leave without pay must be approved by the City Manager based on the operational needs and the best interests of the City. Such leave is not a right, but a privilege. Employee must make a written request stating the date of leave, the reason for the leave and the estimated duration of the leave. (Leaves of absence as accommodation for disability are not covered by this policy). Requests for use of leave without pay will not be approved if an employee has applicable leave hours available to cover the absence. Benefits such as vacation or sick leave will not accrue during any leave pay. Except for as provided elsewhere in the Personnel Manual, benefits such as health, dental, vision insurance and retirement contributions may not accrue during leave without pay, at the City Manager's discretion.