



# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187

www.ellington-ct.gov

## REQUEST FOR LEAVE OF ABSENCE

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

I request a leave of absence for the period and reason indicated below:

Last day worked: \_\_\_\_\_ Leave start date: \_\_\_\_\_ Estimated return date: \_\_\_\_\_

Type of Leave:  Short-Term Disability Leave  Family & Medical Leave  Maternity  Military  
 Leave of Absence (Unpaid)  Occupational Injury Leave

Reason for Leave: \_\_\_\_\_

Note: Once approved, the Town will require medical certification for any leave requested for medical reasons.

Short-Term Disability Leave: Refer to Town of Ellington Personnel Rules & Regulations Section 9-2. E. Disability Insurance.

Family & Medical Leave: Refer to Town of Ellington Personnel Rules & Regulations Section 8-10. Family and Medical Leave.

Military Leave: Attach Military Orders. Refer to Town of Ellington Personnel Rules & Regulations Section 8-8. Military Leave

Leave of Absence: Refer to Town of Ellington Personnel Rules & Regulations Section 8-9. Leave of Absence.

Occupational Injury Leave: Refer to Town of Ellington Personnel Rules & Regulations Section 8-11.

Union employees should refer to their Collective Bargaining Agreements for provisions regarding a leave of absence.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**APPROVED**  **DENIED**

\_\_\_\_\_  
First Selectman

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

Distribution after approval:  Department Head  Employee  Medical File (original)