



TOWN OF ELLINGTON

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

www.ellington-ct.gov

Request for Leave of Absence

Employee Name: _____ Title: _____

Department: _____ Date of Hire: _____

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 Other

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

APPROVED **DENIED** _____
First Selectman/Town Administrator

Comments: _____

Human Resources: Eligible for FMLA Yes No

Employed less than one year from start of leave.

Worked less than 1,250 hours during the 12 months preceding the commencement of the leave. Hours worked: _____

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