STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

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 ☐ Other (describe below)

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** _____ _____
Town Administrator Date

Comments: _____

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