

City of Medford

Request for Leave of Absence

Part I (to be completed by Employee):

Name: _____ Job Title: _____

Address: _____ E-mail: _____

Phone (work): _____ Phone (cell): _____

Employee Type: ☐ Union ☐ Non-Union

Leave Start Date: _____ Expected Return Date: _____

☐ FMLA (medical or family leave)

☐ Non-FMLA Leave
(extended medical or family leave)

☐ Consecutive - up to 12 weeks *

☐ City Duty (e.g. jury duty)

☐ Intermittent leave schedule **

☐ Military

☐ Reduced leave schedule
(reduced work schedule on regular basis)

☐ Personal

Please pay me the benefits checked below (if eligible) during leave:

☐ Sick days ☐ Vacation days ☐ Personal Days

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Part II (to be completed by Human Resources):

Leave is:

☐ With Pay

☐ Without Pay

Notes:

Employees must use all of their accrued PTO while on leave. Once said PTO is exhausted they may remain on unpaid status until such time as the FMLA is exhausted.

Approved by Director of HR or Designee: _____

*Consecutive Leave: Per Physician's Note

Begins: _____

Ends: _____

Hours Available: _____

Self ____ / Family Member ____

If additional time is needed, a new doctor's certification will be required to get approval to extend time. Cannot exceed available hrs in total per Federal Law.

**Intermittent Leave: Per Physician's Note

Begins: _____

Ends: _____

Self ____ / Family Member ____

If additional time is needed, a new doctor's certification will be required to get approval to extend time. Cannot exceed available hrs in total per Federal Law.