CITY OF HICKORY
LEAVE REQUEST FORM

Date: _____

To: _____ Department: _____

From: _____ Department: _____

TYPE OF LEAVE REQUESTED: _____FMLA _____Leave Without Pay

_____Worker's Compensation (concurrent with FMLA)

Has other FMLA leave been taken? _____

If yes, list beginning and ending date of previous leave and the number of hours used:

_____

Date Leave is to Begin: _____ Date Leave is to End: _____

REASON FOR LEAVE OF ABSENCE:

_____

_____

NOTE: If leave is for medical reasons, certification from your doctor may be required.

FMLA AND WORKERS COMPENSATION LEAVE: I understand that the City will pay its portion of my medical, dental and life insurance for up to a total of twelve weeks in a consecutive twelve-month period. This twelve month period begins when my first family/medical leave begins. If my leave exceeds twelve weeks in that period, I will be responsible for the full cost of the above insurance. I understand that should my premium payment to the City become 30 days past due, my insurance coverage will lapse at that time. I understand that I will not earn sick or vacation leave after my leave without pay exceeds five working days. I understand that I am obligated to return to work at the end of the leave period. Failure to report shall be considered a resignation and I may be required to reimburse the City for the cost of my insurance premiums during the 12 week FMLA leave.

LEAVE WITHOUT PAY (non-FMLA/WC): I understand that if my leave extends beyond 30 days, I will be required to pay the total cost of my medical, life, dental and disability insurance for the remainder of my leave. I understand that I must pay for this coverage beginning on the 31st day of my leave or my insurance will lapse at that time. I understand that I will cease to earn vacation and sick leave on the date that my Leave Without Pay exceeds five working days,

_____ _____
Coworker Signature Date Signed

_____ _____
Supervisor's Signature Date Signed

_____ _____
Department Head Date Signed

_____ _____
Human Resources Date Signed

If this request is for Leave Without Pay, non-FMLA, the City Manager's approval is required.

_____ _____
Mick Berry, City Manager Date Signed and approved