CITY OF NEW HAVEN

APPLICATION for LEAVE OF ABSENCE & FAMILY AND MEDICAL LEAVE

I. TO BE COMPLETED BY EMPLOYEE:

Employee Information

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Office Phone # _____

Email Address _____

Department Employed _____ Union Affiliation _____

Job Title _____

General Funds ☐ Special Funds ☐ Civil Service Employee yes ☐ no ☐ # of hours in work week: _____

Type of Leave Request

I am requesting the following type of Leave Of Absence:

☐ FMLA ☐ Medical ☐ Personal ☐ Military

Start Date of Anticipated Leave _____ Expected Date of Return _____

Reason for Leave (Explain) _____

_____

Employee's Signature _____ Date _____

For FMLA Requests Only

Are you requesting Intermittent Leave/Reduced Schedule FMLA? Yes ☐ No ☐

***NOTE**: An FMLA leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.*

I hereby authorize the City of New Haven, its employees and agents to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.
I understand that a failure to return to work at the end of my leave period may be treated as a resignation.

Employee's Signature _____ Date _____

CITY OF NEW HAVEN

APPLICATION for LEAVE OF ABSENCE & FAMILY AND MEDICAL LEAVE

II. TO BE COMPLETED BY DEPARTMENT HEAD OR COORDINATOR:

Employee # _____

Employee's Hire Date with the City _____

Did employee use FMLA time in the last 12 months? Yes ☐ No ☐ If yes, provide the dates used:

_____

Amount of Paid Leave Available to employee as of the date of anticipated leave.

Sick _____ Vacation _____ Personal _____

For Personal Leave Only – Approval of this leave will cause significant operational issues. Yes ☐ No ☐

Department Head/Coordinator's Signature _____ Date _____

III. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES:

Check one: ☐ Leave Approved for: _____ Days/Weeks

☐ Leave Denied (explain): _____

Director's Signature _____ Date _____

IV. TO BE COMPLETED BY FMLA COMMITTEE IN CASE OF APPEAL:

Check one: ☐ Leave Approved for: _____ Days/Weeks

☐ Leave Denied (explain): _____

Committee's Signature _____ Date _____