

Appendix 10

TOWN OF ROWLEY LEAVE OF ABSENCE REQUEST FORM

NAME _____ DEPARTMENT _____

POSITION TITLE _____ WORK PHONE _____

TYPE OF LEAVE REQUESTED

- ☐ DOMESTIC VIOLENCE LEAVE ACT (DVLA)
- ☐ FAMILY AND MEDICAL LEAVE ACT (FMLA)
- ☐ PARENTAL LEAVE
- ☐ SMALL NECESSITIES LEAVE ACT (SNLA)
- ☐ UNPAID LEAVE OF ABSENCE

The information below is to be completed by the Town of Rowley Personnel Department:

Date Leave Began: _____

Anticipated Return Date to work: _____

Date approved by Personnel Advisory Committee (Non-medical unpaid Leave of Absence only):

Date approved by Board of Selectmen (Non-medical unpaid Leave of Absence only):

Personnel Officer signature and date approved: _____

Cover Sheet Distribution: Accounting _____ Treasurer _____ Department Head _____
 Employee _____ Personnel File _____

Appendix 10

DOMESTIC VIOLENCE LEAVE ACT (DVLA)

- May take up to 15 days of unpaid leave in any 12-month period
- Must exhaust all paid leave before taking leave under DVLA
- All employees are eligible

You must provide the following information:

1. Type of “abusive behavior” you or a covered family member have been a victim of: (see DVLA Policy for definitions of abusive behavior and covered family members) _____

2. Reason for Requesting Leave (see DVLA Policy for eligible reasons):

3. Beginning date of requested leave, and date of return to work:

4. Documentation provided: _____
_____ Total number of pages attached _____

5. Employee signature and date filed with Personnel Department:

Employee's Signature

Date

Personnel Department Signature

Date received from employee

Additional Documentation requested by Personnel Department: _____

Appendix 10

FAMILY AND MEDICAL LEAVE ACT (FMLA)

- May take up to 12 weeks of unpaid leave (26 weeks if result military service) in rolling 12-month period
- Must exhaust certain types of paid leave before taking unpaid leave under FMLA (see FMLA policy)
- To be eligible, employee must be employed for 12 months and worked 1250 hours during 12 months
- Employee must give 30 days' notice for foreseeable events
- Health insurance coverage continues under same conditions – must arrange payment if on unpaid leave
- Sick, vacation or personal time is not accrued while on FMLA leave, unless the employee is using paid leave benefits.

You must provide the following information:

1. Reason for Requesting Leave (see FMLA Policy for eligible reasons):

2. Beginning date of requested leave, and date of return to work:

3. Is intermittent or reduced schedule leave being requested? If so, please describe desired intermittent leave or reduced work schedule.

4. Documentation provided (Medical Certification required for serious health condition related leave)

_____ Total number of pages attached _____

5. Employee signature and date filed with Personnel Department:

Employee's Signature

Date

Personnel Department Signature

Date received from employee

Additional Documentation requested by Personnel Department: _____

Appendix 10

PARENTAL LEAVE

- May take up to 8 weeks of unpaid leave for birth of child or adoption of child under 18 years of age (or under 23 years of age if child is mentally or physically disabled)
- May elect to use any amount of accrued paid leave
- Counts against annual FMLA leave allowance
- Applies to all full-time employees who have completed initial probationary period, not to exceed 3 months
- Employee must give two weeks' notice
- Health insurance coverage continues under same conditions – must arrange payment if on unpaid leave

You must provide the following information:

1. Reason for Requesting leave:

2. Beginning date of requested leave, and date of return to work:

3. Documentation provided:

Total number of pages attached _____

4. Employee signature and date filed with Personnel Department:

Employee's Signature

Date

Personnel Department Signature

Date received from employee

Additional Documentation requested by Personnel Department: _____

Appendix 10

SMALL NECESSITIES LEAVE ACT (SNLA)

- May take up to 24 hours of unpaid leave in rolling 12-month period to attend family obligations
- Personal and vacation leave must be used – sick leave used only if permissible. (See SNLA policy)
- To be eligible, employee must be employed for 12 months and worked 1250 hours during 12 months
- Employee must give 7 days' notice for foreseeable events

You must provide the following information:

1. Reason for Requesting Leave (see SNLA Policy for eligible reasons):

2. Beginning date of requested leave, and date of return to work:

3. Is intermittent or reduced schedule leave being requested? If so, please describe desired schedule.

4. Documentation provided

_____ Total number of pages attached _____

5. Employee signature and date filed with Personnel Department:

Employee's Signature Date

Personnel Department Signature Date received from employee

Additional Documentation requested by Personnel Department: _____

Appendix 10

UNPAID LEAVE OF ABSENCE

- Non-medical related leave limited to a total of four weeks in a rolling twelve month period of time, and requires approval of supervisor, Personnel Advisory Committee and Board of Selectmen. Medical related leave requires approval of supervisor and Personnel Officer. Personnel Officer to notify Personnel Advisory Committee and Board of Selectmen of approved medical related leaves.
- All personal, vacation and compensatory time must be used prior to making a request
- Leaves of absence over 3 months considered a break in employment, and upon return employee has status of new employee (see policy in Personnel Plan)
- Employee pays full health insurance premium
- Not entitled to or allowed to accrue holiday, vacation, personal, sick, bereavement, military, jury, leave not counted toward longevity

You must provide the following information:

1. Reason for Requesting Unpaid Leave of Absence:

2. Beginning date of requested leave, and date of return to work:

3. Documentation provided

_____ Total number of pages attached _____

Employee's Signature

Date filed with Personnel Department

Supervisor's Signature

Date

Statement from Supervisor on how duties will be handled while employee is on leave:

Personnel Officer Signature

Date received from employee

Additional Documentation requested by Personnel Department: _____

Date Approved by Personnel Advisory Committee (non-medical leave only): _____

Date Approved by Board of Selectmen (non-medical leave only): _____