



Human Resources Division
 65 Stone Street
 Cocoa, FL 32922
 Phone (321)433-8440
 Fax (321)433-8445

Request for Leave of Absence Form

EMPLOYEE INFORMATION			
Employee Name (First, Last, Middle Initial)			
Home Address	City	State	Zip
Job Title/ Department	Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
TYPE OF LEAVE			
<input type="checkbox"/> Extended Leave of Absence		<input type="checkbox"/> Intermittent Absence (information required below)	
<p><u>For Intermittent Absences</u>, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</p>			
REASON(S) FOR LEAVE			
<p>Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit the HR website to view the Employee Handbook.</p>			
<input type="checkbox"/> Employees Own Serious Health Condition (not work related)* <input type="checkbox"/> Care for Family Member's Serious Health Condition*			
<p>* For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.</p> <input type="checkbox"/> A completed Medical Certification form is attached. <input type="checkbox"/> I will submit a Medical Certification form within 15 days to Human Resources.			
<input type="checkbox"/> Workplace Injury / Worker's Compensation (visit HR website under Workers' Compensation for information)			
<input type="checkbox"/> Military Leave: Active Duty, Military Caregiver or FML			
<input type="checkbox"/> Other Medical Leave (e.g., leave for extended family members or when employee is ineligible for other leaves)			
<input type="checkbox"/> Personal Leave (Non-Medical Reason) * <i>Requires City Manager Approval, please attach supporting documentation.</i>			
LEAVE OF ABSENCE CATEGORIES			
<p>A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and compensatory time off). Paid leave may be used in accordance with applicable policy/contracts. I request to use the following leave categories:</p>			
Type	Number of Hours	Dates: From	Through
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Other	_____	_____	_____
Leave w/o Pay	_____	_____	_____
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave.			
Employee Signature:		Human Resources Signature:	City Manager Signature:
Date:		Date:	Date:

PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE