



Non-Medical Leave of Absence Request
For Military, Personal and Educational Leave Only

Section A To Be Completed By Employee			
Employee Name (Last, First, Middle)	Employee ID	Department	Job Title
Date of Hire	Last Day Worked:	Contact Address	Contact Phone

TYPE OF REQUEST:

NEW REQUEST

Leave Request Dates From: _____ Through: _____

- Military Leave - Employee Request (A copy of the Military Orders must be attached)
- Military Leave - Spouse Request/Registered Domestic Partner
(A copy of the Official Notice certifying spouse/registered domestic partner will be on leave from deployment must be attached)
- Personal Leave - Please explain below:

- Educational Leave - Please explain below and attach relevant documentation:

EXTENSION REQUEST Extend leave date to: _____
Please explain below: _____

Employee's Signature: _____ Date: _____

Section B To Be Completed By Department			
Leave not exceeding 480 hours*	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH MODIFICATION (Attach Brief Explanation)	<input type="checkbox"/> NOT APPROVED (Attach Brief Explanation)
Leave exceeding 480 hours* <small>(Requires approval from Human Resources)</small> <small>*Hours total to include previous leave used for same event.</small>	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Attach Brief Explanation)	<input type="checkbox"/> DO NOT RECOMMEND APPROVAL (Attach Brief Explanation)

Department Head/Designee Signature: _____ Date: _____

Section C To Be Completed By Human Resources			
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH MODIFICATION	<input type="checkbox"/> NOT APPROVED
Comments: _____			

Asst. CEO/Human Resources Director or Designee Signature: _____ Date: _____

Human Resources Action/Reason: _____ Initials: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE NON-MEDICAL LEAVE OF ABSENCE FORM

The Non-Medical Leave of Absence Form is to be completed for military, personal (including non-FMLA/CFRA leave to care for a family member) and educational leaves only. (For medical leaves, see Medical Leave of Absence Form)

SECTION A - EMPLOYEE

- The form may be obtained from your Department Representative or from the HR Website/FMLA, CFRA, PDL and Other Leaves page at www.rc-hr.com
- Fill in your name, employee I.D. #, department name, date of hire, job title, contact address and phone number where you can be reached during your requested leave
- Type of Request
 - NEW: Use this option for initial leave request or when FMLA/CFRA/PDL has either been exhausted or you don't meet the requirement for these leaves
 - Complete projected leave dates (leave start date and anticipated end date)
 - Identify type of leave:
 - Military for employee - attach military orders
 - Military for spouse or domestic partner - attach copy of official notice of spouse's or registered domestic partner's leave from deployment
 - Personal (including care of a family member) - attach relevant detailed information to support your leave request
 - Educational - attach relevant detailed information to support your leave request and note program information and how it relates to your County employment
 - EXTENSION: Use this option to request extension of a previously approved leave
 - Fill in extension of leave date
 - Identify "Reason" or justification for the extension - attach relevant detailed information to support your request for leave extension
- Sign and date the document
- Submit to Department

SECTION B - DEPARTMENT (For Department Designee to complete)

- For leaves *not* exceeding 480 hours*, the Department Head has the approval authority. These hours are inclusive of any previous FMLA/CFRA/PDL or other leave hours used for the same event.
 - Check appropriate box (APPROVED, APPROVED W/MODIFICATION, NOT APPROVED)
 - If approved with modification, provide a brief explanation
 - Sign, date and forward to HR/Employee Services for processing
- For leaves exceeding 480 hours*, the Department Head *recommends* approval or denial.
 - If department *recommends approval*, sign and date the form
 - If department *recommends approval with modification*, note recommended modifications and attach brief explanation, sign and date the form
 - If department *does not recommend approval*, an explanation must be provided with the form. Sign and date the form
 - Forward to the Disability Access Office for review
- For Military Leaves exceeding 30 days, please forward a current Leave & Earnings Statement (LES) to Payroll if the employee qualifies to receive military differential pay
- For employees returning from leave of absence:
 - Complete a *Return From Leave* form (available from the HR Website/FMLA, CFRA, PDL and Other Leaves page at www.rc-hr.com) and forward to the Disability Access Office (or HR/Employee Services as applicable)
 - The Disability Access Office (or department as applicable) forwards to HR Employee Services for processing

SECTION C - HUMAN RESOURCES

- The Assistant CEO/Human Resources Director has final approval/denial authority on leave requests exceeding 480 hours.
 - *This approval/denial authority has been delegated to the Disability Access Office
- After review, the Disability Access Office will note if the request is approved, approved with modification, or not approved, and may include any comments relevant to the decision
- When the request process is complete, the form will be forwarded to HR Employee Services for processing
- The HR Employee Services staff will process the leave request in PeopleSoft
- The Disability Access Office will forward copies to the requesting department
- The Department Designee will notify the employee of the decision

*Hours total includes previous leave used for same event.