

PERSONAL LEAVE OF ABSENCE REQUEST FORM



DIRECTIONS FOR REQUESTING PERSONAL LEAVE OF ABSENCE:

- Review Personal Leave of Absence information on the reverse side of this form.
- Employee completes this request form and gives it to their supervisor to review and consult with Human Resources.
- **The completed form is forward to Human Resources.**
- For questions and submission of forms, *contact Human Resources at (701) 780-8415 or (701) 780-8414 or human.resources@gfcounty.org*

Eligible employees can request a leave of absence when justified by personal circumstances, such as specialized experiences, family issues, extenuating personal needs and elective office. *This type of leave also includes the time off given to any employee with illness/injury or those who are pregnant but do not meet the eligibility criteria for Family and Medical Leave.*

Personal Leaves may be granted to eligible employees with the approval of the Department Head, in consultation with Human Resources. Personal Leaves of Absence will be granted for a period not to exceed three (3) months; however, once a leave has been granted, a staff member may request extensions in three-month increments for up to one year of leave.

Submit this request form to your supervisor at least 30 days before the leave is to begin, when possible. If the leave is unforeseeable, please provide notice as soon as possible and practicable under the circumstances. The County of Grand Forks reserves the right to deny a Personal Leave of Absence.

PART I: EMPLOYEE INFORMATION

Employee's Name (last, first, middle initial)		Position	Department	Date of Hire
Street Address	City	State	Zip Code	Home Phone Number

PART II: REASON FOR REQUEST: (check one)

<input type="checkbox"/> Personal Reasons: Non-Medical Related	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Personal Reasons: Medical Related (Requires Medical Provider documentation)	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Birth of Child	Expected Due Date:	
<input type="checkbox"/> Placement for Adoption/Foster Care (Requires Adoption Placement Form)	Date to Begin Care of Child:	
<input type="checkbox"/> Personal Reasons: Medical Related for a family member (Requires Medical Provider documentation)	Name:	Relationship:

PART IV: EMPLOYEE SIGNATURE and ACKNOWLEDGEMENT

I certify that the statements made above are true and accurate and that my request is subjected to approval by my Department Head and Human Resources. I understand and acknowledge that there is no job guarantee or protection with a Personal Leave of Absence. Approval of the leave request does not guarantee job reinstatement and that your position may be filled, modified or eliminated during the Personal Leave of Absence.

Signature

Date

PART V: DEPARTMENT HEAD APPROVAL

_____ Signature	_____ Printed Name	_____ Date
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PART VI: ROUTING INFORMATION

Return this Leave Request Form and any supporting documentation by **mail, confidential fax, email or deliver to:** Human Resources, 151 South 4th Street – PO Box 5726, Grand Forks, ND 58206; (701) 335-7521; human.resources@gfcounty.org

Signature – Human Resources:	Date Received:
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PERSONAL LEAVE OF ABSENCE INFORMATION

(Please review Personal Leave of Absence for full details)

Purpose: To provide eligible employees with leave of absences when justified by personal circumstances, such as specialized experiences, family issues, extenuating personal needs and elective office. This type of leave also includes the time off given to any employee with illness/injury or those who are pregnant but do not meet the eligibility criteria for Family and Medical Leave.

Notice: Employees should generally request leave 30 days in advance. If the leave is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

Eligibility: All eligible employees, who regularly work an average at least 20 hours per week. Elected officials, temporary/seasonal employees, employees who regularly work *less* than an average of 20 hour per week and emergency employees are not eligible for a Personal Leave of Absence.

Leave Provisions and Information:

- Employees who wish to request a Personal Leave of Absences must complete the Personal Leave of Absence Request Form to the Department Head as soon as the need for personal leave is known. The employee must discuss their request for a Personal Leave of Absence and any return-to-work arrangements with their Department Head and Human Resources prior to the start of the leave.
- Personal Leaves may be granted to eligible employees with the approval of the Department Head, in consultation with Human Resources. Personal Leaves of Absence will be granted for a period not to exceed three (3) months; however, once a leave has been granted, a staff member may request extensions in three-month increments for up to one year of leave.
- Extension requests should be submitted in writing to the department at least 14 days in advance prior to the scheduled end of the leave. The extension must be approved by the Department Head and the Director of Human Resources.
- A Personal Leave of Absence should not be used as an alternative to a resignation or other termination of employment.
- **There is no job guarantee or protections with a Personal Leave of Absence. Approval of the leave request does not guarantee job reinstatement. The employee's position may be filled, modified or eliminated during the Personal Leave of Absence.**
- While the employee is on a leave of absence, the employee may be asked to provide periodic status reports to Human Resources regarding their intention to return to work.
- Grand Forks County requires employees to use available paid leave, pursuant to the applicable leave policies, prior to using leave without pay.
- Grand Forks County does not pay an employee's share of health care coverage while the employee is on an unpaid personal leave. Health care coverage may be continued by the employee paying the total premiums. When an employee is on unpaid personal leave, the employee is responsible to arrange for premium payments.
- Consistent with the County's policy for all types of leave, benefit accruals, such as vacation leave, sick leave, personal holidays, etc., will be suspended after 30 calendar days of continuous unpaid leave, and will resume upon return to active employment.
- Employees will not be paid for holidays that fall during a Leave of Absence unless the holiday falls on a day covered by accruals (i.e., vacation leave, sick leave or a personal holiday).
- When an employee is on a leave of absence without pay, NDPERS contributions made by Grand Forks County will cease until such time as the employee returns to work. This break in contributions will affect the number of months worked at retirement.
- Reinstatement after a leave is at the discretion of the department, with consultation with the Human Resources Director. If the employee is not reinstated, they may apply for open positions that are posted on the County's website. Employees may also contact their Department Head or Human Resources to explore the possibility of placement elsewhere in Grand Forks County.
- If the employee is being reinstated and the Personal Leave of Absence was due to illness/injury, the employee must provide a medical provider release to return to work.
- If an employee is not reinstated or does not return to work at the end of the approved Personal Leave and has not been approved for other reasonable accommodations as required by law, employment will be terminated as the last day of the approved leave of absence.

Confidentiality: Grand Forks County will keep confidential all information relating to requests for Personal Leave. This information will be used only to make decisions in regard to the provisions of this policy. Supervisors will submit all medical information to Human Resources and should not retain any copies in their employee file.

Human Resources will only share information with the employee's supervisor that pertain to duration of leave and applicable work restrictions.