

GEAUGA COUNTY COMMISSIONERS
APPLICATION FOR LEAVE "Green Sheet" (print on green paper stock)

Revised 8-1-10

Note: All absences from work require a completed *Application for Leave* form and medical certification as applicable.

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Name: _____ **Date of Request:** _____
(last) (first) (middle initial)

Employing Department: _____

I request leave beginning _____ AM/PM _____, 20_____, and
ending _____ AM/PM _____, 20_____, for the following reason(s):

HOURS

____ Sick Leave: Explain _____
If medical attention is required, a certificate stating the nature of the illness from a licensed physician is required to justify the use of sick leave. Physician's Certificate for Return-To-Work with absence over 5 days is required. HIPPA protected details not requested.

____ I have insufficient sick leave for the above request. I request the following in lieu of sick leave.
____ Vacation ____ Compensatory ____ Leave With Out Pay

____ Vacation Leave

____ Compensatory Time (Must use within 180 days)

____ Leave Without Pay, Explain: _____

____ Bereavement Leave (see reverse)
Name of Deceased _____ Relationship _____ Date _____

____ Court Leave ____ Court Duty ____ Jury Duty Subpoena Issued by: _____ Court Date _____

____ Military Leave - Attach order or statement from Commander

____ Adoption/Childbirth, Explain _____

____ Other, Explain _____

____ **TOTAL HOURS REQUESTED**

____ Absence is requested under Workers Comp claim number _____

____ Absence is requested under FMLA.

Fraudulent applications for leaves of absence and falsified written, signed statements or physician's certificates shall be grounds for disciplinary action, including dismissal.

I certify that this is a true and complete statement and that the use of the leave requested is in compliance with department leave policies.

Signature of Employee

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____ Recommended ____ Not Recommended

Supervisor Signature _____ Date _____

Remarks: _____

Brief discussion of the policies regarding Leaves of Absence may be found on the reverse of this form. Refer to the Personnel Policy and Procedure Manual for complete information.

POLICIES REGARDING REQUEST FOR LEAVE

ORC 124.38(C): Appointing authorities shall require an employee to furnish a satisfactory written, signed statement to justify the use of sick leave. If medical attention is required, a certificate stating the nature of the illness from a licensed physician shall be required to justify the use of sick leave.

ABSENCE FROM WORK - Employees must contact their supervisor with the reason for absence at least 30 minutes prior their scheduled start time, unless an alternative departmental policy applies. Employees must request sick leave on a daily basis unless otherwise notified by their supervisor. Upon return, the employee must furnish a satisfactory, signed *Application for Leave* form for all regularly scheduled work hours missed. For absences exceeding 5 days, see Extended Sick Leave, below.

TARDINESS - Advance notice of anticipated tardiness is expected; notice of unavoidable tardiness is expected when possible.

ABUSE OF LEAVE - An appointing authority may require that an employee submit to a medical or psychological examination by a licensed practitioner selected by the appointing authority to determine fitness-for-duty. The employer shall, at their expense, schedule the appointment and advise the employee. Failure to appear for the examination is punishable by the imposition of discipline.

EXTENDED SICK LEAVE - In the case of a condition exceeding five (5) consecutive calendar days, a physician's statement specifying the employee's inability to report to work and the probable date of recovery shall be required, in addition to an *Application for Leave*.

FAMILY AND MEDICAL LEAVE - The employer may determine that a leave of absence qualifies under the FMLA. Continued time off from work for medically certified conditions may be charged to that entitlement. All employees who meet the applicable service requirements will be granted FMLA leave consisting of appropriate accrued paid leave and unpaid leave for a period of up to twelve weeks during a rolling twelve month period measured backward from the date an employee uses any leave under this policy for qualified reasons. The employee's accrued paid leave must be exhausted prior to being granted unpaid leave. Available paid leave shall be taken concurrently with unpaid FMLA leave, such that the total leave taken does not exceed twelve weeks. The leave taken under FMLA shall run concurrently with other leaves of absence. If a leave of absence extends beyond the qualified FMLA leave, other leaves of absences as provided by the county may be requested.

VACATION - Permanent full-time employees are eligible for vacation leave. Part-time employees shall be eligible for vacation leave with pay upon the attainment of the first year of employment with the County, provided the hours of County service total at least five hundred twenty (520) hours annually. Vacation is to be utilized in one half hour increments for the first hour and then in 15 minute increments, unless an alternative departmental policy applies. Every effort should be made to request vacation at least two weeks in advance. Any emergency request requires approval by the Department Director.

COMPENSATORY - Compensatory time off, in lieu of overtime pay for any overtime worked, may be granted at a time mutually convenient to the employee and the supervisor within 180 days after the overtime is worked.

MEDICAL LEAVE WITHOUT PAY - Upon written request to the Board of County Commissioners, an employee with a disabling illness, injury or condition may be granted a medical leave of absence. All available accumulated paid leave as allowed by law must be used prior to being granted leave without pay for FMLA leave requests. The length of leave shall not exceed six (6) months.

PERSONAL (NON-MEDICAL) LEAVE WITHOUT PAY - Upon written request to the Board of County Commissioners, an employee may be granted a personal leave that may not exceed three months. Accrued unused vacation and compensation time shall be taken and must be exhausted before being placed in an unpaid status.

BEREAVEMENT – Use of accrued sick leave may be requested in the event of a death in the employee's immediate family for a period of time not to exceed five days. In the event of the death of a relative other than a member of the employee's immediate family, accrued sick leave may be requested. Other accrued paid leave may be requested or an unpaid leave may be requested if no accrued time is available.

COURT LEAVE - Upon request, court leave with pay shall be granted to an employee who is summoned for jury duty by a court of competent jurisdiction or is subpoenaed to appear before any court, commission, board or other legally constituted body authorized by law to compel the attendance of witnesses, where the employee is not a party to the action. A leave without pay may be granted to an employee appearing before a court or other legally constituted body in a matter in which they are a party.

MILITARY LEAVE - Members of the Ohio organized militia or members of other reserve components of the armed forces of the U.S., including the Ohio National Guard, are entitled to military leave without loss of pay for a period not to exceed 31 days in any one calendar year. An employee called to military duty for longer than a month may be paid. Prior to being granted a military leave, employees shall submit the published order or written statement from the appropriate military commander authorizing that service.

ADOPTION/CHILDBIRTH – Vacation leave shall be used for Adoption/childbirth with the balance unpaid, and may qualify under the FMLA..

OTHER - Ohio statutes make provisions for the granting of employee leaves of absence for various reasons, including work-related injury or illness, weather emergency, education, civic duty, and religious observances.