Town of North Hempstead

220 Plandome Road - Manhasset, NY 11030

REQUEST FOR LEAVE OF ABSENCE

NAME		**DATE**
HOME ADDRESS	**CITY**	**ZIP**
DEPARTMENT	**SOCIAL SEC #**	**HOME PHONE**
JOB TITLE	**DIVISION**	

INITIAL LEAVE REQUEST or EXTENSION OF LEAVE REQUEST*

NOTE: ***Extensions require approval and timely submission of appropriate documentation to support the request***

REASON FOR LEAVE: (Please check the appropriate box below to indicate the reason for your leave request)

Medical Leave ***(All Medical Leave requests require a signed Medical Certification from an approved Medical Practitioner)***

☐ Health Condition (Self)
☐ Job Related Injury/Illness — Injury Date: _____
☐ Pregnancy Disability — Expected Delivery Date: _____

Personal Leave (Education Leave requests will require documentation to support request)

Education/Training *(School verification required)* Other (specify reason): _____

Military, Police, Corrections, Fire Department Leave

Active Duty (*Attach Military Orders*) Academy Training

INCLUSIVE DATES OF LEAVE: *FROM* _____ *THROUGH* _____ *EXPECTED RETURN DATE:* _____

INSURANCE: **Employee is responsible for arranging continuation of coverage.**

***Note Regarding New Dependents*:**
If you acquire a new dependent while on leave, you must enroll that dependent in Human Resources within 60 days of the date of birth, adoption or marriage.

☐ I want to continue my existing benefits for myself and/or my dependents.

Employee Signature (If available):	Date

FOR HR DEPARTMENT USE ONLY

TONH Hire Date: _____ Employee Status: _____

If leave extension, indicate initial start date of leave: _____
During the preceding twelve months, employee has used _____ hours of paid/unpaid leave.

For Personal Leave Only:
Dates of Leave: ☐ Approved as requested ☐ Modified: From _____ To _____ ☐ Denied

Leave Approved as Follows:

☐ Personal Leave up to 30 Days
☐ Personal Leave over 30 Days
☐ Personal Leave for Education
☐ Extension of Leave – Documentation Attached
☐ Military, Police, Corrections, Fire Dept. Leave – Orders Attached

Signature of Supervisor:	Date:
Signature of HR Commissioner:	Date: