

EMPLOYEE ABSENCE WORKSHEET

Employee Name: _____ ID # _____ Pay Loc: _____

(Please Print) Last Name First Name Initials

| Pay Period Beginning Date | Pay Period Ending Date | Non Worked Hours | Total Hours Paid | Leave Without Pay Hours | REASON FOR ABSENCE NOTES |
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Employee eligible for Family Medical Leave (FML)?

- No. If applying for Leave of Absence - must be approved by County Manager
- Yes. If applying for Leave of Absence - must be approved by County Manager for absence of 12 weeks (3 months) or more

Employee anticipated to be absent for at least 30 calendar days?

- No. (No further action required unless absence extends beyond 30 days. Keep in alpha file until employee drops off hyperfind query)
- Yes. (Continue checklist and action items)

Leave of Absence Certification Checklist

- Employee signed Leave Request Form (Initial LOA may be authorized for maximum of 6 months)
- LOA End Date is posted on Leave Request form (Create calendar come-up to follow up at least one month before end date)
- Department Head signed/approved Leave Request Form
- County Manager signed/approved Leave Request Form (mark N/A if not required)

LOA Extension Request (Request process must be started by 4th month of initial 6 month absence)

- Employee signed extension request (Employee must personally have serious health condition)
- Employee notified in writing of approval/denial detailing reinstatement eligibility or lack thereof (Consult Legal Dept. if necessary)
- Department Head signed/approved extension request
- County Manager signed/approved extension request

LOA Return (Reinstatement) OR LOA Termination

- Employee notified supervisor at least 10 calendar days of intent to return
- LOA due to expire or advanced extension not received/approved - cause for dismissal (Consult with Legal Dept. if necessary)