

Intermittent Leave Request

Leave Request

Macomb County

Request for Leave of Absence
(Sheriff Department)

Section I- Employee Data

Name: _____ Employee ID: _____

Department: Sheriff Date: _____

Employee's schedule during leave request: Monday to Friday Varies (must attach schedule)

Preferred contact: Phone: _____ Work Cell Home Email: _____

Section II- Leave Request: A request for a leave of absence MUST be completed by the employee/designee as soon as the facts supporting the anticipated leave are known or if the employee is absent from work more than five (5) consecutive days.

Initial Start Date: _____ Initial Return To Work Date: _____

Extended Return To Work Date: _____

Please Request One Type of Leave:

Proper documentation is required in order to process request.

Medical Leave for Employee or Family Member.....
Must exhaust Comp and Sick bank(s) first

Worker's Compensation (WC).....
Must exhaust Comp and Sick bank(s) first

Personal Leave (including non-medical maternity leave)....
Must exhaust Comp and PTO bank(s) first

Military Leave **.....

Please Check Requested Time Off Bank:

Each selected bank must be exhausted first before going to next bank requested.

MANDATORY

Comp Sick

Comp Sick

Comp PTO

OPTIONAL

PTO/Annual Leave

PTO/Annual Leave

Dock (FMLA leaves only)

PTO Comp Dock

**Upon return to work, supplemental pay will be generated for any Dock hours at a rate equivalent to the difference between the base County wage and base military wage if copies of Military pay stubs are submitted to HRLR.

I acknowledge the above elections are my intentions. I acknowledge that a request for an extension must be submitted in writing at least five (5) working days prior to the expiration of the original leave of absence. I acknowledge that failure to return to work upon the expiration of the leave of absence shall be considered a voluntary resignation. I acknowledge I may be responsible for paying my healthcare premiums while on a leave of absence.

Employee Signature

Date

Section III- Department

For FMLA, WC or Military Leave: Acknowledgement

For Personal Leave: Approved Disapproved

Department Head Signature

Date

Section IV - HRLR

Approved per FMLA and/or contract

Disapproved per FMLA and/or contract

Human Resources and Labor Relations Signature

Date

Frequency and duration (Intermittent only) _____

LOG: _____ O.S.: _____ RTW: _____ Dist Sen: _____ Yellow Card: _____

Comments: _____