

Intermittent Leave Request

Leave Request

Macomb County
Sheriff Department
Request for Leave of Absence

Section I- Employee Data

Name: _____ Date: _____

Department: Sheriff Supervisor: _____ Employee ID: _____

Personal Contact: Phone: _____ 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:

You **must indicate** which order you would like to utilize the mandatory leave banks by **writing in** the specific time bank allotted for that type of leave. If a time bank is not indicated, HRLR will default to Comp first then Sick time for a medical leave and Comp then PTO/Annual for a personal leave.

Medical Leave for Employee or Family Member
Must exhaust Comp and Sick bank(s) before Unpaid Status*

Personal Leave
Must exhaust Comp and PTO bank(s) before Unpaid Status*

Other (WC)
Must exhaust Comp and Sick bank(s) before Unpaid Status*

Military Leave **

**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.

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) _____

Comments: _____