

The Personnel Board of Jefferson County

REQUEST FOR LEAVE OF ABSENCE

INSTRUCTIONS TO THE EMPLOYEE: A leave of absence without pay may be granted to any eligible employee for temporary medical incapacity or Family Medical Leave of Absence and to permanent employees for career development, personal reasons, or for the purpose of providing assistance to another governmental agency. It is necessary for an employee to request such leave in writing stating the reason the leave is necessary. It is the employee's responsibility to submit the required form and any necessary documentation. **For temporary medical disability, please provide the information indicated on the reverse side of this form.**

Employee Name: _____ Employee Number: _____

Department: _____ Department Telephone Number: _____

Home Mailing Address: _____
Street Address City State Zip Code

Home Telephone Number: _____

Type of Leave (Check one)

Medical (temporary disability) Administrative Personal
 FMLA Assistance to Government Agency Extension
 Disability (B'ham only) Career

I am requesting a leave of absence from my regular duties from ____/____/____ to ____/____/____. I intend to return to full duty on ____/____/____.

Employee Signature Date

Department Head Recommendation

APPROVE DENY (please check one)

If the recommendation is for denial, attach a written explanation.

From ____/____/____ to ____/____/____

Department Head Signature

NOTE: Any appeal of the Department Head's recommendation must be submitted to the Appointing Authority within ten (10) calendar days of receipt by employee.

Appointing Authority Disposition

APPROVE DENY (please check one)

From ____/____/____ to ____/____/____

Appointing Authority Signature

NOTE: Any appeal of the Appointing Authority's recommendation must be submitted to the Personnel Board within ten (10) calendar days of receipt by employee.

Appeals Procedure

Appealed to Appointing Authority on ____/____/____

Employee Signature

Approved Denied ____/____/____

Appointing Authority Signature

(NOTE: The Appointing Authority must provide written notification to the employee of a decision on the appeal within ten (10) calendar days of receipt by employee.

Appealed to the Personnel Board on ____/____/____

Approved Denied ____/____/____

Personnel Board Signature

REQUEST FOR LEAVE OF ABSENCE

MEDICAL DOCUMENTATION IN SUPPORT OF EMPLOYEE'S REQUEST FOR LEAVE OF ABSENCE

Employee Name: _____ (Please print) Employee Number: _____

I AUTHORIZE _____ TO RELEASE THE NECESSARY INFORMATION DETAILED BELOW TO THE PERSONNEL BOARD OF JEFFERSON COUNTY IN SUPPORT OF MY REQUEST FOR A MEDICAL LEAVE OF ABSENCE.

Employee Signature _____ / ____ / ____
Date

INSTRUCTION TO ATTENDING PHYSICIAN: The above-named employee has requested a leave of absence from his/her regular duties due to medical reasons. As this employee's attending physician, we ask that you verify the necessity of this request. Please provide the probable time off that the employee will likely require before returning to his/her regular duties. It is not necessary to provide diagnosis information.

I, (Please print) _____, a duly licensed physician in the State of Alabama, certify that the above-named employee is under my professional care and, due to the medical problem being experienced by this employee, he/she is unable to perform fully the duties of his/her regular position until the time noted.

PROBABLE PERIOD OF INCAPACITATION: FROM ____ / ____ / ____ TO ____ / ____ / ____

Signature of Attending Physician _____ / ____ / ____
Date Telephone Number _____

MEDICAL DOCUMENTATION FOR EXTENSION REQUEST

I, _____, recertify that the above-named individual remains under my care and is still unable to perform his/her regular duties due to continuing medical problems.

PROBABLE PERIOD OF CONTINUING INCAPACITATION: UNTIL ____ / ____ / ____

Signature of Attending Physician _____ / ____ / ____
Date