

PERSONNEL BOARD OF JEFFERSON COUNTY
REQUEST FOR LEAVE OF ABSENCE
(For PBJC Internal Use Only)

INSTRUCTIONS TO THE PBJC EMPLOYEE: A leave of absence with or without pay may be granted to any eligible employee for temporary medical incapacity and to regular full-time employees for career development and personal reasons. Employees must request such leave in writing stating the reason the leave is necessary. It is the employee's responsibility to submit any necessary documentation required by the Personnel Board. Granting leaves of absence not otherwise mandated by law is the sole discretion of the Personnel Director. **For temporary medical disability, please provide the information indicated on the reverse side of this form. If a temporary medical/disability leave qualifies for coverage under the Family Medical Leave Act (FMLA), a medical certification form must be completed by your healthcare provider within fifteen (15) days of approval of this leave. See also the PBJC Employee Handbook and the PBJC Family Medical Leave policy for more information regarding your rights and responsibilities.**

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)

- Temporary Medical/Disability (12 weeks or less. May be designated as FMLA)
- Extended Medical/Disability (More than 12 weeks, the first 12 of which may be designated as FMLA)
- Extension of Previously Approved Leave
- Administrative*
- Career
- Personal

Leave Dates

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

Personnel Director Disposition

APPROVE DENY (please check one)

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

Personnel Director Signature

* Pursuant to Rule 13.20(c), employees involuntarily placed on Administrative Leave of Absence for more than five (5) working days may appeal to the Personnel Board pursuant to Rule 12.4.

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