

**City of Pittsburgh
Leave of Absence Request**

Part I: TIMEKEEPER

Date of Hire: _____ Type of sick coverage: Sick and Accident Plan ____ 14 Sick Day Plan ____ Military Leave ____

Total paid leave days available at time of request: Sick ____ Vacation ____ Personal ____ Other, specify ____ Military Days ____

Pass days for requested leave period: _____

Please attach requesting employee's time card for the past twenty-four (24) months.

Timekeeper Signature Phone No. Date

Part II: EMPLOYEE REQUEST

NAME: _____ POSITION/DEPARTMENT: _____

TELEPHONE: _____ HOME ADDRESS: _____

SOCIAL SECURITY NO: _____

TYPE OF LEAVE: ____ Serious Health Condition – Employee ____ FMLA Birth Adoption or Foster Placement
____ FMLA Serious Health Condition – Family Member ____ FMLA Qualifying Exigency-for Military Family Leave
____ FMLA Serious Injury or Illness of covered Servicemember for Military Family Leave
____ Military Leave (Orders Attached) ____ Other:* _____

*Requests for other, intermittent or reduced leave must be approved by the Department Director. A copy of the employee's approved work schedule is required for intermittent or reduce leave.

LEAVE PERIOD: Please indicate allocation of paid time for leave period.

_____ through _____ Sick Days
_____ through _____ Vacation Days
_____ through _____ Personal Days
_____ through _____ Other, _____
_____ through _____ Short Term Disability
_____ through _____ Workers' Compensation

All requests must designate an anticipated return to work date. If you and your doctor are unable to estimate a return date, please include the date of your next evaluation.

I hereby request a leave of absence from my position with the City of Pittsburgh. I understand that if I am both eligible and qualified for leave pursuant to the terms of the Family Medical Leave Act (FMLA), the above requested leave will be charged against my FMLA entitlement and may run concurrently with any applicable leave provided pursuant to the terms of my bargaining agreement.

Employee Signature Date

Part III: *EMPLOYER ACTION FOR Intermittent, Reduced, and Other [] approved [] denied

Department Head Signature Date

Part IV: This request has been [] approved [] approved pending the receipt of additional medical information [] denied

Absence Manager Date Director, P&CSC Date

Distribution: White – Absence Manager Yellow – Employee Pink - Department