PERSONNEL 3.0

Attendance and Leave -- 3.3

Special Leave Without Pay -- 3.3.d

Date Issued: December 31, 1998

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Signature:

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POLICY
Special leave without pay results when the requested number of days in leave without pay status is eleven days or more, in a one month period, and no other leave is available. Special leave without pay is subject to approval in advance by the employee's immediate supervisor and the Commissioner of the Department of Human Resources. Taking unapproved special leave without pay could result in termination of the employee.

APPLICABILITY
This policy applies to Central Office, Regional and Local Health Department personnel.

PURPOSE
To provide an option to employees who do not have sufficient leave accrued but require extended leave time.

PROCEDURE
Employees requesting special leave without pay should first request approval from their supervisor, prior to any leave being taken. If approved, a

Commissioner Letter should be written, and a **Personnel Request Form PRT-3, (PH-0078)** completed. The Commissioner letter should be attached to the approved PRT-3 and submitted through the employee's supervisor, section chief, or regional director, to the Bureau Office for approval. If approved, the Bureau Office will forward the forms to the Division of Human Resources.

Employees requesting special leave without pay which will exceed the major portion of any given month, will need to complete the **Leave Without Pay Insurance Options Form, FA-0867**, (if applicable) and submit it to the Bureau Office with the aforementioned paperwork.

Employees who are considering taking special leave without pay for family or medical reasons should determine if they qualify for leave under the Family Medical Leave Act. (See Policy 3.3.f)

Contract employees working in the Central Office, Regional or Local Health Department must follow guidelines issued by the contract agency, if different from above. All special leave without pay requests must be approved by the contract agency.

NECESSARY FORMS:

1. Personnel Request Form-3 (PRT-3), PH-0078
2. Leave Without Pay Insurance Options, FA-0867 (if applicable)

OFFICE OF PRIMARY RESPONSIBILITY
Human Resources Section, Bureau of Health Services, (615)741-7305