

# Change Page

## Section 3.3.c -- Leave without Pay

REVISION DATE	CHANGE NUMBER	CHANGE
3/23/2011	1	<a href="#">Click here for red letter version</a>
12/13/2007	1	<p><b>POLICY: Replace</b></p> <p><del>Leave without pay results when less than one-half of the month is involved and no other leave is available.</del></p> <p><b>WITH</b></p> <p><u>When an employee's leave balance is not adequate to cover an illness, leave without pay may be authorized. Leave without pay status occurs when the requested number of days in leave without pay status is ten days or less, in a one month period, and no other leave is available.</u></p>
	2	<p><b>APPLICABILITY: Replace</b></p> <p><del>This policy applies to Local Health Department, Regional and Central Office personnel.</del></p> <p><b>WITH</b></p> <p><u>This policy applies to Central Office, Regional and Local Health Department personnel.</u></p>
	3	<p><b>PURPOSE: Replace:</b></p> <p><del>To provide an option to employees who do not have sufficient leave accrued but who required extended leave time.</del></p> <p><b>WITH</b></p> <p>To provide an option to employees who do not have sufficient leave accrued but <u>require leave for medical related reasons</u></p>
	4	<p><b>PROCEDURE, 1st paragraph, Replace:</b></p> <p>Employees requesting leave without pay should complete at a minimum, the <a href="#">Employee Attendance and Leave Authorization</a></p>

	<p><u><a href="#">Form, PH-3604</a></u> and submit it to their supervisor for approval. The supervisor must initial, noting approval or disapproval on the form, and <del>ensure its return to the timekeeper prior to the end of the respective pay period.</del></p> <p><b>WITH</b></p> <p>Employees requesting leave without pay must complete, at a minimum, the <u><a href="#">Employee Attendance and Leave Authorization Form, PH-3604</a></u> and submit it to their immediate supervisor for approval. The supervisor must initial, noting approval or disapproval on the form, and <u><a href="#">forward the request to the employee's second level supervisor for review.</a></u></p>
5	<p><b>PROCEDURE, After 1st paragraph, Add new paragraph:</b></p> <p><u><a href="#">Employees who anticipate being in leave without pay status for more than ten days should request special leave without pay. (See Policy 3.3.d)</a></u></p>
6	<p><b>PROCEDURE, after 3rd paragraph, Add:</b></p> <p><u><a href="#">The employee will be required to furnish a written statement from their physician. Leave without pay will not be authorized for vacations, training or other non-medical related reasons. The employee's immediate supervisor and second level supervisor have the discretion to approve leave without pay in emergency situations, on a case-by-case basis.</a></u></p> <p><u><a href="#">Contract employees working in the central office, regional office or county health department must follow guidelines issued by the contract agency, if different from above. All leave without pay requests must be approved by the contract agency.</a></u></p> <p><u><a href="#">NOTE: The only exception to this policy will be employees, who indicate at time of hire, that he/she has a prior planned need for leave (i.e. vacation), which will require time off beyond their accumulated leave balance</a></u></p>
7	<p><b>OFFICE OF PRIMARY RESPONSIBILITY, Replace:</b></p> <p><del>Personnel</del> Section, Bureau of Health Services, (615)741-7305</p> <p><b>WITH</b></p> <p><u><a href="#">Human Resources</a></u> Section, Bureau of Health Services, (615) 741-7305</p> <p><b>CHANGE REASON:</b> Over time different parts of the Bureau of Health Services Administration have narrowed the reasons that this</p>

		type of leave could be used. This change occurred to establish a single, consistent implementation of this policy.
12/29/1999	1	<b>PROCEDURE, 1st sentence:</b> Change " <b>Employee Attendance and Leave Authorization Form</b> " to " <b>Employee Attendance and Leave Authorization Form, PH-3604</b> ".
	2	<b>NECESSARY FORM:</b> Change "Employee Attendance and Leave Authorization Form" to "Employee Attendance and Leave Authorization Form, PH-3604".