

Intermittent Leave Request

Leave Request

# Macomb County

Request for Leave of Absence

Scan & email to: [human.resources@macombgov.org](mailto:human.resources@macombgov.org)

Fax to: 586-469-6974

## Section I- Employee Data

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's schedule during leave request:  Monday to Friday  Varies (must attach schedule)

Preferred contact: Phone: \_\_\_\_\_  Work  Cell  Home Email: \_\_\_\_\_

**Section II- Leave Request:** A request for a leave of absence MUST be completed by the employee/designee as soon as the facts supporting the anticipated leave are known or if the employee is absent from work more than five (5) consecutive days.

Initial Start Date: \_\_\_\_\_ Initial Return To Work Date: \_\_\_\_\_

Extended Return To Work Date: \_\_\_\_\_

### Please Request One Type of Leave:

Proper documentation is required in order to process request.

Medical Leave for Employee or Family Member.....  
**Must exhaust Comp and Sick bank(s) first**

Worker's Compensation (WC).....  
**Must exhaust Comp and Sick bank(s) first**

Personal Leave (including non-medical maternity leave)....  
**Must exhaust Comp and PTO bank(s) first**

Military Leave \*\*.....

### Please Check Requested Time Off Bank:

Each selected bank must be exhausted first before going to next bank requested.

#### MANDATORY

Comp  Sick

Comp  Sick

Comp  PTO

#### OPTIONAL

PTO/Annual Leave

PTO/Annual Leave

Dock (FMLA leaves only)

PTO  Comp  Dock

\*\*Upon return to work, supplemental pay will be generated for any Dock hours at a rate equivalent to the difference between the base County wage and base military wage if copies of Military pay stubs are submitted to HRLR.

I acknowledge the above elections are my intentions. I acknowledge that a request for an extension must be submitted in writing at least five (5) working days prior to the expiration of the original leave of absence. I acknowledge that failure to return to work upon the expiration of the leave of absence shall be considered a voluntary resignation. I acknowledge I may be responsible for paying my healthcare premiums while on a leave of absence.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Section III- Department

For FMLA, WC or Military Leave:  Acknowledgement

For Personal Leave:  Approved  Disapproved

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

## Section IV - HRLR

Approved per FMLA and/or contract

Disapproved per FMLA and/or contract

\_\_\_\_\_  
Human Resources and Labor Relations Signature

\_\_\_\_\_  
Date

**Frequency and duration (Intermittent only)** \_\_\_\_\_

LOG: \_\_\_\_\_ O.S.: \_\_\_\_\_ RTW: \_\_\_\_\_ Dist Sen: \_\_\_\_\_ Yellow Card: \_\_\_\_\_

Comments: \_\_\_\_\_