

CITY OF CHICO - OFFICE OF HUMAN RESOURCES AND RISK MANAGEMENT
LEAVE OF ABSENCE REQUEST AND AUTHORIZATION

Name (Printed)

Social Security Number

Date request submitted

Address while on leave

Telephone number while on leave

Check Appropriate Boxes:

Type of Leave Requested	Reason for Leave
<input type="checkbox"/> Request Leave of Absence Without Pay <input type="checkbox"/> Request Leave of Absence With Pay <input type="checkbox"/> Request Extension of Leave	<input type="checkbox"/> Medical <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Military <input type="checkbox"/> Other/Explain _____ <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Infant Care

Beginning (hour and date)

Ending (hour and date)

Department

Explain reason for Leave: _____

I have read and understand the full content of City of Chico's Administrative Policy on Leaves of Absence. I further understand that my failure to return at the specified time and date may result in my termination. I also understand I may request and be eligible for continuation of certain benefits as is provided for in Administrative Procedure 13-27 (Continuation of City Benefits While on Approved Leave). I understand that if my leave is approved that the Department expects to reinstate me in the same or similar position within the Department or that there are reasonable prospects of transfer to another department.

Employee's signature

Date

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DISPOSITION

It is understood that when a Leave of Absence is approved, the Department expects to reinstate the employee in the same or similar position within the Department, or that there are reasonable prospects of transfer to another Department. If reinstatement or transfer is not reasonably certain, employee should be terminated.

Department Head's Recommendation:

Approved Disapproved

If disapproved, state reason: _____

Signature

Date

Director of Human Resources & Risk Management Recommendation:

Approved Disapproved

If disapproved, state reason: _____

Signature

Date

City Manager Action:

Approved Disapproved

If disapproved, state reason: _____

Signature

Date

Distribution: original P-EF/ Finance/ Department/ Employee

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