REQUEST FOR LEAVE OF ABSENCE

FORM 7C

Employee Name ____ Emp. ID ____________________

Date leave to begin __________________________ Date leave to end _________________

Reason for Leave:

(Note that a leave for medical reasons may require further documentation)

Additional information can be found in the Employee Information Manual, Section 706

Employee, please read each item below and check the boxes to indicate your understanding.

I understand that failure to return to work on or before the above ending date or failure to request an extension from my Department Head can result in my separation from the County.

I understand it is my responsibility to contact the Risk Management Department for information about maintaining health-care coverage during my leave of absence.

I understand that I must exhaust all applicable accrued paid leave before unpaid leave will be granted.

I undersand that I must contact my supervisor the first work day of each week, or on another prearranged schedule, to report my status and intent to return to work.

I understand that I will be required to present a fitness-for-duty certificate prior to being restored to employment if this leave is due to my own serious health condition. If such certification is not received, my return to work may be delayed until certification is provided.

I understand that Fort Bend County does not guarantee that I will be reinstated to my own or any other position in the County. Reinstatement to any position shall be at the discretion of the elected official/department head.

I understand that 6 months is the maximum allowable leave. Commissioners Court approval will be required before any extension can be granted.

____ ________________________

Signature of Employee **Date**

To be completed by the Department Head or Elected Official

This is to inform you that your request for a leave of absence is:

Approved, and will be designated as: Voluntary Involuntary

Denied for the following reason:

____ ________________________

Signature of Department Head or Elected Official **Date**