Note: Employees are advised to refer to the Personnel Policies Manual and contact the Human Resources Unit before requesting a leave of absence.

------- INSTRUCTIONS FOR THE REQUEST OF OTHER LEAVES-------

EMPLOYEE

1. Complete the employee information section of this form and select the type of request (initial or extended leave).

2. Indicate the purpose of the leave.

3. Indicate if the leave will be taken full-time or intermittent and fill in the start date(s) and return date(s) or alternate hours. If necessary, the return date can be modified subsequently to reflect an earlier or a later return. Requests to change the return date must be made to Human Resources and your Manager/Supervisor must be notified.

4. Once you have completed, signed, and dated the top portion of the form, email the form to your Manager/Supervisor for approval and copy Human Resources on the email.

5. If your Manager/Supervisor recommends approval of the request, they should submit the form and any supporting documents to Human Resources for further review and submission to the Department Unit Head.

6. If your Manager/Supervisor does not recommend approval of the request, you may appeal to the Chief Counsel by submitting the form and any supporting documents for his review.

OFFICE/UNIT HEAD

1. Indicate the date in which you received notification of the leave request. After receiving and reviewing the request form, indicate your recommendation by checking the applicable box, and then signing the request form.

2. Return the form to the employee and copy Human Resources (Leave Administrator) on the email.

HUMAN RESOURCES

1. Human Resources will process the leave requests and decision notices will be communicated to the employee, their Manager/Supervisor and Managing Director.

COMMITTEE FOR PUBLIC COUNSEL SERVICES

REQUEST FOR LEAVE OF ABSENCE

NAME:	EMPLOYEE ID:	Division:
PERSONAL EMAIL:	CONTACT #:	Location:

PLEASE CHECK THE TYPE OF REQUEST: ☐ **Initial request for leave** ☐ **Extension of leave**

INDICATE PURPOSE OF LEAVE (may include multiple types of leave):

☐ **Discretionary**

☐ **Education/Public Service Leave**

☐ **Other**
Please specify: _____

INDICATE HOW THE LEAVE WILL BE TAKEN:

☐ **Full-time leave**

START DATE: RETURN DATE:

☐ **Intermittent leave**

START DATE: RETURN DATE:

☐ **Intermittent / Alternate Hours**
Indicate hours/days below:

I understand that the leave, if approved, may be used only for the purpose indicated above and the use of the leave for any other purpose may result in termination of the leave and/or may be grounds for disciplinary action. ***I have read the CPCS Leaves of Absence Policy and understand that I am expected to return to work on the date indicated above***.

I further understand that a request for an extension of an approved leave of absence is subject to review. I also acknowledge that changes in the approved leave of absence period must be communicated to my supervisor and to the Human Resources Unit.

Signature: _____ *Date:* _____

(Revised 07/2022)

OFFICE/UNIT HEAD (MANAGERS) ACKNOWLEDGEMENT/APPROVAL

I received notification of the employee's leave request on **_____/_____/_____.**

- ☐ I approve of the leave.
- ☐ I approve of the leave as modified herein: _____
- ☐ I do not approve of this leave for the following reason(s):_____

Sign/Print _____/_____ _____
Manager/ Supervisor Date

Sign/Print _____/_____ _____
Managing Director Date

- ☐ Temporary coverage required during leave period. (Please contact HR for "Temporary Services Requisition" form.)

FOR HUMAN RESOURCES USE ONLY

Received on _____/____/____

- ☐ Full-time leave: ____/____/____ to____/____/____
- ☐ Intermittent Leave: _____/____/____ to____/____/____

Est. Leave with Pay Period: _____/____/____ to____/____/____

Est. Leave without Pay Period: _____/____/____ to____/____/____

- ☐ Approved
- ☐ Approved as modified herein: _____
- ☐ Disapproved for the following reason(s):
  _____

By (Sign/Print)**:** _____/_____ _____
Human Resources Office Date