PLEASANT VIEW NURSING HOME

LEAVE OF ABSENCE REQUEST

I, _____, am requesting a leave of absence (LOA) from my employment at Pleasant View Nursing Home beginning (date)_____ through (date)_____ due to the following reason(s):

Further I understand and acknowledge the following:

1. In accordance with Green County Employee Handbook no leave of absence shall be granted until an employee has used all available paid time off including sick time, if applicable. Once all available paid time has been used the leave of absence will then be without pay.

   _____
   Initials

2. Any Employee desiring a leave of absence from his/her employment shall secure written permission from the Department Head or his/her designee. The maximum leave of absence shall be for 30 days and may be extended for like periods with authorization from the Department Head or his/her designee. _____
   Initials

3. The employee must make suitable arrangements for continuation of health insurance and other benefits. You will contact Pleasant View's H.R. Coordinator to make these payment arrangements. _____
   Initials

4. Vacation and sick leave benefits do not accumulate, and holiday pay is not allowed during a leave of absence. Longevity of service continues to accumulate during a leave of absence.

   _____
   Initials

5. Employment and leave of absence shall terminate should an employee accept employment elsewhere while on a leave of absence.

   _____
   Initials

6. In the event of any LOA being necessary due to medical reasons I will provide Pleasant view Nursing Home with a notice from my physician specifying the date I will begin the LOA and reason for the LOA and prior to returning to work I will provide Pleasant View Nursing Home with written authorization from my physician approving my return to work.

   _____
   Initials

_____ _____
Employee Signature Date

_____ _____
LOA Approved by Date

Updated 4-22-14
HR Coordinator HKE