

County of Riverside**Non-Medical Leave of Absence Request**

For Military, Personal and Educational Leave Only

Please Return This Form To Your Department Designee:

SECTION A. TO BE COMPLETED BY EMPLOYEE

Employee Name:		Employee ID #:	Department:	Job Title:
Date of Hire:	Last Date Worked:	Contact Address:		Contact Phone: ()

TYPE OF REQUEST**NEW REQUEST** **Leave Request Dates: From:** _____ **To:** _____

- ☐ **Military Leave - Employee Request** (A copy of the Military Orders must be attached)
- ☐ **Military Leave - Spouse Request /Registered Domestic Partner**
(A copy of the Official Notice certifying spouse/registered domestic partner will be on leave from deployment must be attached)
- ☐ **Personal Leave - Please explain below:**

- ☐ **Educational Leave - Please explain below and attach relevant documentation:**

EXTENSION REQUEST **Extend leave date to:** _____
Please explain below:

Employee's Signature: _____ **Date:** _____

SECTION B. TO BE COMPLETED BY DEPARTMENT

Leave not exceeding 160/480 hours* (Depending on MOU)	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH MODIFICATION Explain briefly below	<input type="checkbox"/> NOT APPROVED Explain briefly below
Leave exceeding 160/480 hours* (Requires approval from Human Resources)	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION Explain briefly below	<input type="checkbox"/> DO NOT RECOMMEND APPROVAL Explain briefly below

*Hours total to include previous leave used for same event.

Department Head/Designee Signature: _____ Date: _____

SECTION C. TO BE COMPLETED BY HUMAN RESOURCES

Comments:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH MODIFICATION	<input type="checkbox"/> NOT APPROVED
Asst. CEO/Human Resources Director or Designee Signature: _____ Date: _____			

Human Resources Action/Reason: _____ Initials: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE NON-MEDICAL LEAVE OF ABSENCE FORM

The Non-Medical Leave of Absence Form is to be completed for military, personal (including care of a family member) and educational leaves only. (For medical leaves, see Medical Leave of Absence Form)

SECTION A - EMPLOYEE

- The form may be obtained from your Department Representative or from the HR Toolbox tab at www.workforceexchange.net.
- Fill in your name, employee ID#, department name, date of hire, last day worked (last physical day at work), job title, contact address and phone number where you can be reached during your requested leave
- "Type of Request" -- NEW (Use this option for initial leave request or when FMLA/CFRA/PDL has been either exhausted or you do not meet the requirements for these leaves)
 - ◊ Complete projected leave dates (leave start date to anticipated return date)
 - ◊ Identify type of leave:
 - Military for employee -- attach military orders
 - Military for spouse or domestic partner -- attach copy of official notice of spouse's or registered domestic partner's leave from deployment
 - Personal (including care of a family member) -- attach relevant detailed information to support your leave request
 - Educational -- attach relevant detailed information to support your leave request and note program information and how it relates to your County employment
- "Type of Request" -- EXTENSION (use this option to request extension of a previously approved leave)
 - ◊ Fill in extension of leave date
 - ◊ Identify "Reason" or justification for the extension -- attach relevant detailed information to support your request for leave extension
- Sign and date the document
- Submit to department designee

SECTION B – DEPARTMENT (For Department Designee to complete)

- For leaves not exceeding 160/480 hours* (varies by MOU), the department head has the approval authority. These hours are inclusive of any previous FMLA/CFRA/PDL or other leave hours used for the same event on a continuous basis.
 - ◊ Check appropriate box (APPROVED, APPROVED W/ MODIFICATION, NOT APPROVED)
 - ◊ If approved with modification, attach a brief explanation
 - ◊ Sign, date and forward to HR Services Team
 - ◊ HR Services Team forwards to HR Employee Services for processing
- For leaves exceeding 160/480 hours* (varies by MOU), the Department Head recommends approval or denial.
 - ◊ If department recommends approval, sign and date the form
 - ◊ If department recommends approval with modification, note recommended modifications and attach brief explanation, sign and date the form
 - ◊ If department does not recommend approval, an explanation must be provided with the form. Sign and date the form
 - ◊ Forward to the HR Services Team
 - ◊ HR Services Team will forward to Central HR Administration for review and approval
- For Military Leaves exceeding 30 days, please forward a current Leave & Earnings Statement (LES) to Payroll if the employee qualifies to receive military differential pay.
- For employees returning from leave of absence:
 - ◊ Complete a *Return From Leave* form (available from the HR Toolbox at www.workforceexchange.net) and forward to the HR Services Team
 - ◊ HR Services Team logs and forwards to HR Employee Services for processing

SECTION C – HUMAN RESOURCES

- The Assistant CEO/Human Resources Director has approval authority on leave requests exceeding 160/480 hours*
- HR Services Managers may approve requests up to 6 months. However, all denials require the HR Director's signature
- After review, the Assistant CEO/Human Resources Director will note if the request is approved, not approved or approved with modification, and may include any comments relevant to the decision
- When the request process is complete, the form will be logged and forwarded to HR Services Team and HR Employee Services for processing
- The HR Employee Services staff will process the leave request in PeopleSoft
- The HR Services Team will forward copies to the requesting department
- The Department Designee will notify the employee of the decision

*Hours total includes previous leave used for same event.