

Full-time Employee Leave without Pay Request

NOTE: An employee who is taking leave without pay must exhaust all sick, non-compensatory sick; comp time and annual leave prior to being eligible for unpaid leave.

Employee to inform supervisor and complete Leave without Pay Request Form no less than 30 days before leave is to begin. When the start date of this leave type is unforeseeable, then the employee must apply within a reasonable period of time, appropriate to the circumstances involved.

Attach supporting documentation, i.e., doctor's certification, military orders, etc.



Supervising Administrator may grant leave without pay for any period up to ten consecutive work days and the **Vice President**, or designee, may approve leave without pay for a maximum of six months.

Supervising Administrator submits the approved Leave without Pay Request form and attachments to the Benefits Office. There is no automatic renewal of leave. The employee must apply for an extension 30 days prior to the expiration of that leave.



Employee to decide whether or not to continue benefits for self (at full cost) and dependent(s) coverage and inform the Benefits Office before going out on leave without pay. If the employee voluntarily declines benefits during leave without pay, reinstatement of benefits will be effective the first day of the following month after the employee returns to work. Employees will be financially responsible for claims if premiums are not paid and coverage is cancelled. Nonpay status affects various employee entitlements, including the accrual of annual and/or sick leave.



Benefits Office to verify the leave without pay status are appropriately recorded prior to payroll processing.



Employee and Supervising Administrator should refer to the College's APM 03-1012 and APM 03-1005 for additional guidelines.

For assistance and/or questions, please contact benefits@fscj.edu.

Leave without Pay Request Form

Date: _____ EMPLID: _____

Employee Name: _____ Title/Position: _____

Home Address: _____ Home Phone: _____

Department: _____ Reports to: _____

Hire Date: _____ Length of Service: _____ Leave taken in past 12 months? _____

Leave to start: _____ Expected return date: _____

Leave is being requested for the following reason:

If leave is being requested for a serious health condition of the employee, a physician's statement indicating the need for leave must be attached. A Return to Work notice indicating no restrictions will also be required prior to the employee's return to work.

Employee Signature _____ Date: _____

Supervising Administrator Signature _____ Date: _____
(Can approve up to ten (10) consecutive work days)

Vice President Signature _____ Date: _____
(Can approve up to six (6) months)

Benefits Office Signature _____ Date: _____