



NYC Parks

REQUEST FOR LEAVE OF ABSENCE (LOA Form)

This form must be completed for any paid or unpaid absence of 30 days or more, and for all absences related to Worker's Compensation, Military Leave, and FMLA leaves. Please read the attached instructions carefully. If the employee does not return to work at the end of the final approved leave period, they will be considered AWOL and referred for disciplinary action.

Form Revised 4/2017

SECTION 1: Employee Information:

Last Name:	<input type="text"/>	MI:	<input type="text"/>	First Name:	<input type="text"/>
Home Address:	<input type="text"/>			City:	<input type="text"/>
	State:	<input type="text"/>			
Zip:	<input type="text"/>	e-mail:	<input type="text"/>		Cell/Home#:
	<input type="text"/>				
ERN:	<input type="text"/>	Civil Service Title:	<input type="text"/>		Borough:
	<input type="text"/>				
	<input type="text"/>			Dist: <input type="text"/>	

SECTION 2: Type of Absence Requested:

New Leave Request Extension of a Current Leave

Leave Start Date: Leave End Date:

Check the appropriate leave type requested below:

- FMLA / Sick Leave (employee's own illness)* City Child Care Leave
 FMLA Child Care for birth or adoption of child Military Leave
 FMLA Leave to care for ill family member* Personal Leave (Must be No-Pay)

* = FMLA Certification of Physician or Other Health Care Provider form must be submitted

Worker's Compensation Leave

Date of Accident:

Absence to be charged to:

Option 1 Option 2

Reason/
Justification
for Absence

I certify that the leave/absence requested above is for the purpose(s) indicated, and I understand that I must comply with agency procedures for requesting absences and provide additional documentation, including medical certification, if required. Furthermore, I understand that any absences beyond the expiration date provided above will be considered unauthorized (AWOL), unless extended by an approved LOA form, may result in disciplinary action including termination.

Employee Signature

Date

SECTION 3: Borough/Bureau Approvals:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
	Supervisor's Signature	Print Name	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
	Manager's Signature	Print Name	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
	Commissioner Level/Chief of Ops/Rec Signature	Print Name	Date

SECTION 4: Agency Head or Designee Approval:

Approved Denied _____ _____

Agency Head or Designee Signature Date

SECTION 5: Payroll Use Only:

Employee RDO's

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Leave Hours	Sick	AL	CT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>

Timekeeper Signature _____ Date _____
 Deputy Director Signature _____ Date _____
 Director Signature _____ Date _____

Tour of Duty: ____ to ____
 Full-Time: ____ Seasonal: ____ City Start Date: ____/____/____ Current Leave Status: ____
 Last Day Worked: _____ Permanent Title: _____ FMLA used within last 12 months: ____ hrs
 Last day on Payroll: _____ PMS LNP Date: _____ Date of Last FMLA Request: _____

Request for Leave of Absence Form (LOA) Instructions

In accordance with agency rules, all employees are required to submit a Request for Leave of Absence (LOA) Form whenever they are absent from work for thirty days or more, or for absences of any duration related to Worker's Compensation, Military Leave and the Family and Medical Leave Act (FMLA). This form must be submitted with the appropriate original documentation in order to be considered for approval. **If the employee does not return to work at the end of the final approved leave period, they will be considered AWOL and referred for disciplinary action which may result in termination.**

Section 1 - Employee Information

- **Last Name / First Name:** Print your name.
- **Home Address:** Indicate your home address (not your work address).
- **E-mail:** Provide the best email where you can be reached.
- **Cell / Home #:** Provide the best number where you can be reached during normal business hours.
- **ERN:** Use your seven-digit Employee Reference Number (ERN), not your social security number.
- **Civil Service Title:** Indicate your civil service title (not your in-house title).
- **Borough / District:** Indicate where you work.

Section 2 - Type of Absence Requested

If this is the first LOA form for your absence, check the "New Leave Request" box. If you are currently out on leave, and are submitting this LOA form to extend your current leave for an additional period, check "Extension of a Current Leave". Check the type of leave you are requesting (**only check one leave type**). The Leave Start Date is the first day of the absence covered by this LOA form. The Leave End Date is the last day of the absence (or 30 days from the start date for absences longer than 30 days). Once you have completed Sections I and II, and have signed the form, please submit your form along with any required documentation (based on leave type) to your direct supervisor for approval processing.

Leave Types and Required Documentation

Sick/FMLA (employee's own illness): The following forms must be submitted at the start of leave: 1) Request for Leave of Absence (LOA); 2) Request for Leave under the Family and Medical Leave Act; and 3) Certification of Physician or Other Health Care Provider. Under FMLA, employees can take up to 12 weeks of sick leave in any given 12 month period. Absences beyond the 12 weeks FMLA can be extended via City Sick Leave. Any long term sick absence may be covered under FMLA, dependent upon the eligibility of the employee. Both paid and unpaid leave will be counted against the annual FMLA entitlement.

If FMLA leave is being extended (if the initial request was less than the 12 weeks allowed) the following forms must be submitted: 1) Request for Leave of Absence (LOA); 2) Request for Leave under the Family and Medical Leave Act; and 3) Certification of Physician or Other Health Care Provider. If the 12 weeks of FMLA leave has been exhausted, and City Sick Leave is being utilized, then only the LOA form and a Doctor's Note is required every thirty (30) days. The doctor's note must indicate the date seen by a doctor, the period the employee will be out due to their medical condition, and the date the employee can return to work. The absence period on the doctor's note must correspond to the dates requested on the monthly LOA form. If the extended City Sick Leave goes into the next upcoming 12 month FMLA period, then the absence is covered by FMLA and the required FMLA forms must be submitted up to the 12 weeks allowable FMLA leave.

FMLA Child Care for Birth or Adoption of Child: The following forms must be submitted: 1) Request for Leave of Absence (LOA); 2) Request for Leave under the Family and Medical Leave Act; and 3) Child Care Leave Certification under the Family and Medical Leave Act; and 4) Certification of Physician or Other Health Care Provider. Employees must use up their available Annual Leave and Compensatory Leave balances while on FMLA Child Care Leave. FMLA Child Care Leave must be concluded within twelve (12) months following the birth or adoption of a child. FMLA Child Care Leave can be extended by applying for City Child Care Leave. All unpaid FMLA Child Care Leave will be counted against the City Child Care Leave entitlement.

FMLA Leave to Care for Ill Family Member: The following forms must be submitted: 1) Request for Leave of Absence (LOA); 2) Request for Leave under the Family and Medical Leave Act; and 3) Certification of Physician or Other Health Care Provider. If FMLA leave is being extended (if the initial request was less than the 12 weeks allowed) the following forms must be submitted: 1) Request for Leave of Absence (LOA); 2) Request for Leave under the Family and Medical Leave Act; and 3) Certification of Physician or Other Health Care Provider.

City Child Care Leave: The following forms must be submitted prior to the commencement of your leave: 1) Request for Leave of Absence (LOA); and 2) Copy of the birth certificate of the child. Under City Child Care Leave, employees can take an unpaid leave for up to four (4) years for the first child, and up to three (3) years for additional children. City Child Care leave must commence prior to child's fourth (4) birthday. Employees must use up their available Annual Leave and Compensatory Leave balances prior to the start of unpaid City Child Care Leave. All unpaid FMLA Child Care Leave is counted against the City Child Care Leave entitlement.

Military Leave: In addition to the 'Request for Leave of Absence (LOA) form, the employee must submit a copy of any relevant military documentation (i.e. contract or service agreement, quarterly drill schedule, certification of attendance, military orders). Military leave is a continuous leave and does not need to be submitted every 30 days.

Personal Leave: In addition to the 'Request for Leave of Absence' (LOA) form, the employee must submit a letter indicating the reason for the leave and provide supporting documentation. A Personal Leave is an unpaid leave of absence and cannot initially exceed a period of one year. Employees cannot use any of their leave balances while on Personal Leave. Only employees with a permanent civil service title are eligible for Personal Leave. Approval of a Personal Leave is at the agency's discretion and is based on several factors including employee's attendance history, disciplinary history, performance evaluations and length of city employment. Personal Leave is a continuous leave and does not need to be submitted every 30 days. Requests for an extension of up to one additional year for a previously approved Personal Leave must be submitted thirty (30) days prior to the expiration of the initial approved leave.

Worker's Compensation: A 'Request for Leave of Absence (LOA) form and a new doctor's note must be submitted every 30 days, and for any reoccurrence, of an injury that is covered by Worker's Compensation. The doctor's note must include the date you were seen by the doctor, the dates you are unable to work, and the date you may return to work or will be re-evaluated by a doctor. The initial Worker's Compensation request at the time of injury must also include the Worker's Compensation 'packet' (which notifies the Agency that you were injured on the job). All doctor's notes must include the nature of the injury or illness (diagnosis).

Section 3 - Borough/Bureau Approvals

Signatures must be obtained from the employee's direct supervisor, the division/district manager, and a Commissioner level/Chief of Operations, Recreation or Division Chief. Once all required Borough/Bureau approval signatures have been obtained, the form must be submitted to the Payroll & Timekeeping Division (Arsenal West, 24 West 61st St, 3rd Floor, New York NY, 10023) with all original documentation attached.

Section 4 - Agency Head or Designee Approval

The Director of Payroll & Timekeeping will review to determine eligibility, and obtain Agency Head or Designee's Approval.

Section 5 - Payroll Use Only - For Payroll Use Only - DO NOT WRITE IN THIS SECTION!!!