

**PINELLAS COUNTY
UNIFIED PERSONNEL SYSTEM LEAVE REQUEST**

PART I – Employee Information - check all that apply

Name: _____ Employee ID # _____ Dept/Sect _____

Absent From: _____ : _____ through _____ : _____ Total Hours _____
Date Time Date Time

Type of Leave:

- Annual Leave Extended Illness Comp Time Other Leave with Pay (Funeral, Jury Duty, etc) _____
 Floating Holiday Personal Day Leave without Pay
 Illness Self Family- Relationship _____
 Family/Medical Leave (FMLA)

Comments:

Employee Signature Date

PART II – Completed by employer/supervisor - check all that apply

Your leave is approved. Yes No

The leave time is: Scheduled (Use for FMLA qualified or FMLA pending) Unscheduled

For FMLA determination only (See Reverse for FMLA Notice)

You must follow your department procedures for reporting your absence, and to provide verbal reports of your status and intent to return to work every _____ days.

ELIGIBILITY

You are eligible for leave under FMLA. Yes No
If no, you have not worked 12 months for the County 1250 hours in the 365 days prior to your absence FMLA exhausted

Complete Qualification and Certification only if FMLA eligible

QUALIFICATION

Yes Pending - additional information required No

CERTIFICATION

Yes No Provide medical and/or military certification within 15 days from this request. Failure to do so will result in a denial of FMLA and your absence will be considered unscheduled.
 Yes No Present a fitness for duty certificate from your health care provider prior to reinstatement.

Supervisor Signature Title Date

Reviewing Authority Signature (Optional) Title Date

PART III – Completed by designated departmental payroll personnel - check all that apply

The above absence is recorded as follows:

- Annual Leave Extended Illness Comp Time Other Leave With Pay
 Floating Holiday Personal Day Leave Without Pay

The leave time is: Scheduled Unscheduled
FMLA: Yes No
Workers Comp: Yes No

Comments:

Departmental Payroll Clerk Signature Title Date

FMLA NOTICE

This notice is provided as a summary. Personnel Rules and the County Family and Medical Leave Act (FMLA) policy provide full details.

If eligible, you have a right under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid* leave in a consecutive 12-month calendar year period for the following qualified reasons (a-d):

- a. the birth of a child, or the placement of a child for adoption or foster care; or
- b. a serious health condition that you need care for; or
- c. a serious health condition affecting your spouse, child or parent, for whom you need to provide care; or
- d. qualifying exigency; or

For servicemember family leave:

- e. up to a 26 week entitlement (inclusive of the 12 weeks mentioned above) in a single 12 month period.

Your health benefit will be maintained during any period of FMLA leave under the same conditions as if you continued to work. You will be responsible for any employee contributions for your insurance and any voluntary coverages. You are entitled to reinstatement to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse the County for its share of health insurance premiums paid on your behalf during your FMLA leave.

* The requested leave will be counted against your yearly FMLA entitlement and will be used concurrently with all other types of leave. You are required to substitute accrued paid leave in accordance with Personnel Rules and the County's Family and Medical Leave policy. If you have exhausted available paid leave, unpaid leave may be authorized in accordance with the Family and Medical Leave Act (FMLA).