Print Reset Form

COUNTY OF DUTCHESS
LEAVE OF ABSENCE REQUEST AND APPROVAL AUTHORIZATION

TO BE COMPLETED BY EMPLOYEE: Date: _____

Department _____ Job Title _____

Employee Name _____ Social Security No. _____

Type of Leave of Absence Requested _____

_____ Duration: From _____ To _____

I have read and understand the terms and conditions of this leave of absence. I understand that any unpaid leave in excess of five working days will result in an adjusted benefit date and accept any resulting changes in my terms and conditions of employment.

I ☐ do ☐ do not wish to remain covered by
☐ health ☐ dental ☐ optical ☐ all insurance plan(s) during my leave of absence. If I elect to remain covered by these insurances, I am aware that I may be responsible for the payment of any applicable insurance premium costs. If I elect to allow my insurance coverage to lapse, I am aware I must reapply for coverage and will be subject to a waiting period prior to its reinstatement.

For permanent employees requesting a medical leave of absence - I request this leave pursuant to the Leave of Absence policy and Section 72 of the Civil Service Law. I understand that pursuant to Section 72, I am entitled to a leave or absence from my position for up to one year. I further acknowledge that pursuant to Section 73 of the Civil Service Law, that after an absence of one year, I may be terminated from my position, but would retain certain reinstatement rights upon the termination of my disability.

_____
(Employee Signature)

TO BE COMPLETED BY EMPLOYEE'S DEPARTMENT HEAD: Date: _____

[ ] Recommended for Approval [ ] Disapproved

Comments: _____

Does employee have permanent status? [ ] Yes [ ] No

_____
(Department Head Signature)

TO BE COMPLETED BY COMMISSIONER OF PERSONNEL OR OTHER OFFICIAL: Date: _____

[ ] Approved [ ] Disapproved

Comments: _____

_____
(Signature of Commissioner of Personnel or other official)

Routing: Personnel Department – Original
Finance Department
Office of Risk Management
Employee's Department
Employee

Form L/A-1 Date: (04/84) (11/90) (11/01/93)

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