



## CITY OF GARDNER

### Request for Leave of Absence

Employee's name: \_\_\_\_\_ Department: \_\_\_\_\_

Current Address: \_\_\_\_\_

Start Date of Anticipated Leave: \_\_\_\_\_

Expected Date of Return to Work: \_\_\_\_\_

Reason for Leave (Explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We will require that you utilize any accrued paid leave you may have available for this leave of absence. If paid leave will be used, the following conditions will apply:

- (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of your leave of absence. Arrangements for payment should be discussed as you will be provided with the opportunity make premium payments either by a check made payable to the City of Gardner on the 10<sup>th</sup> day of each month or via payroll deduction for as long as you may have accrued paid time available.
- (b) You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during your leave of absence and recover these payments from you upon your return to work.
- (c) We will do the same with other benefits (e.g. life insurance, disability insurance, etc.) during that portion of your leave of absence for which you will be utilizing accrued paid leave.

Please note that as soon as you have utilized all of your accrued paid leave time, your benefits will be terminated until such time as you have returned from your leave of absence. You will be notified of your rights pursuant to Title X of the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) and certain state laws regarding the right to continue coverage under your present group health and/or dental plan at your own expense.

Note: I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by The City of Gardner.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Approved By:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Director: \_\_\_\_\_ Date: \_\_\_\_\_