



# ARCHDIOCESE OF MIAMI

*Office of Human Resources*

## Personal Leave of Absence Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Status (check one):  Exempt  Non-Exempt  Full-Time  Part-Time

Entity: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date \_\_\_\_\_

### **Employee Statement: (To be completed by the employee)**

I, \_\_\_\_\_, request a leave of absence to begin \_\_\_\_\_ and to end \_\_\_\_\_ for the following reason: (check one)

Personal Medical  Personal Non-Medical  Military  Other \_\_\_\_\_

I have read and fully understand the information contained on this Leave of Absence Application.

\_\_\_\_\_

Employee Signature

Date

### **HR Approval:**

Leave approved: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Leave denied: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# ARCHDIOCESE OF MIAMI

*Office of Human Resources*

## Personal Leave of Absence Form

### Extension Request:

I, \_\_\_\_\_, am currently on a (check one)

Personal Medical    Personal Non-Medical    Military    Other \_\_\_\_\_

leave of absence which began on \_\_\_\_\_. I would like to request an extension to be continued from \_\_\_\_\_ and to end on \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date

### HR Approval:

Leave approved: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Leave denied: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# ARCHDIOCESE OF MIAMI

*Office of Human Resources*

## Personal Leave of Absence Form

**Leave of Absence Condition:** (To be completed by HR/Bookkeeper)

1. Last day worked \_\_\_\_\_ Return to work date \_\_\_\_\_
2. Pay: Vacation \_\_\_\_\_ days      No Pay \_\_\_\_\_ days
3. Employees are not eligible for bereavement or holiday pay while on a leave of absence.
4. Explain insurance payments when out on an unpaid leave of absence.
5. All leaves of absence must be approved in advance by your Supervisor and Human Resources.
6. Failure to return from a Leave of Absence on the agreed upon date without an approved extension will result in termination for job abandonment.
7. Under no conditions will a Leave of Absence through multiple extensions exceed one year.
8. All employees returning from a Leave of Absence must contact their Supervisor/Manager at least one week in advance of the projected return date.
9. If the dates requested change, (including an extension) a new Leave of Absence application must be submitted for re-approval.