

**SECTION A**

**CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES**



**REQUEST FOR LEAVE OF ABSENCE  
(See below for instructions)**

\_\_\_\_\_ CAREER SERVICE  
\_\_\_\_\_ NON-CAREER SERVICE

\_\_\_\_\_ Original Request  
\_\_\_\_\_ Extension Request

DATE \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ BUREAU \_\_\_\_\_ TITLE \_\_\_\_\_

TYPE OF LEAVE: \_\_\_\_\_ Duty Disability \_\_\_\_\_ FMLA \_\_\_\_\_ Medical Leave (Attach Medical Certificate) \_\_\_\_\_ Personal Business  
\_\_\_\_\_ Paid Parental \_\_\_\_\_ Military \_\_\_\_\_ Non-Career Service Appointment \_\_\_\_\_ Other \_\_\_\_\_

**PAID** - LENGTH OF LEAVE REQUESTED \_\_\_\_\_ Months  
Effected Date: \_\_\_\_\_  
Mo. Day Year

**NOT PAID** - LENGTH OF LEAVE REQUESTED \_\_\_\_\_ Months  
Effected Date: \_\_\_\_\_  
Mo. Day Year

Expiration Date: \_\_\_\_\_  
Mo. Day Year

Expiration Date: \_\_\_\_\_  
Mo. Day Year

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

I hereby resign from my Career Service/Non-Career Service position of \_\_\_\_\_ if I fail to report for duty within five days of the expiration of this leave of absence/extension of leave of absence. My resignation shall be effective unless there are extenuating circumstances which prohibit me from returning to work on the expiration of my leave. It shall be my responsibility to notify the Employer of such circumstances no later than the 5th day following the expiration of the leave. The Employer shall have the sole right to determine what circumstances shall justify an employee not returning from leave promptly. I understand that I must provide satisfactory documentation for my failure to return from my leave. The effective date of the resignation shall be the 5th day after the expiration of my leave of absence/extension of leave of absence. However, this resignation will not be affected if through my action my name has been restored to a reinstatement list or an extension of the leave of absence has been requested and approved.

\_\_\_\_\_  
Employee Signature

DEPARTMENT HEAD APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

EFFECTIVE DATE: \_\_\_\_\_  
Mo. Day Year

EXPIRATION DATE: \_\_\_\_\_  
Mo. Day Year

COMMENTS:

Copy - To Employee  
Copy - To Department Head  
Copy - To Immediate Supervisor  
Copy - To Department of Human Resources

**Rev. 11/17/11  
PER-73-A  
177116 form 21-6**

**Print Form**

## **INSTRUCTION FOR REQUESTING LEAVES OF ABSENCE**

1. Complete the REQUEST FOR LEAVE OF ABSENCE FORM (on the reverse side), Please note that the EFFECTIVE DATE indicates the first day on leave and the EXPIRATION DATE indicates the last day on leave.
2. Provide your immediate supervisor with a copy of the REQUEST FORM.
3. Submit the completed form to your department's Personnel section at least 30 calendar days prior to the date you would like the leave of absence to begin, Attach any necessary documentation. In an emergency, and/or to the extent 30 day notice is not possible, you should complete and submit the REQUEST FORM and statement to your department's Personnel section as soon as possible. Your department's Personnel section will return to you a copy of the REQUEST FORM indicating approval or denial. If denied or if the length of the leave is different from that requested by you, contact your department's Personnel section immediately for an explanation and/or further instructions.
4. For Medical Leaves of Absence: Provide a statement from your physician detailing the nature of your illness, the need for a leave of absence, and the projected length of the leave. Submit the completed form and physician's statement to your department's Personnel section at least 30 calendar days prior to the date you would like the leave of absence to begin. Medical Leaves of Absence are granted for up to three months, if you require a medical leave for a period longer than three months, you must request an extension of your leave prior to the expiration of your original three-month period and every three months thereafter until you have been on leave for a total of one year. Thereafter, you may request leaves of up to one year in duration. To request an extension, see INSTRUCTIONS FOR RETURNING FROM LEAVES OF ABSENCE OR REQUESTING AN EXTENSION #4.

## **INSTRUCTIONS FOR RETURNING FROM LEAVES OF ABSENCE OR REQUESTING AN EXTENSION**

1. Please note: Your first regularly scheduled workday after the EXPIRATION DATE is your scheduled return date. You must report to work on said date, unless you have requested and have been granted an extension of your leave. Failure to report to work on said date will cause your resignation to be effectuated.
2. If you need to request an extension of your leave of absence, you must complete another REQUEST FOR LEAVE OF ABSENCE FORM at least 21 calendar days prior to the expiration of your leave. If and to the extent 21 calendar days notice is not possible, you should submit the form and statement as soon as possible. Prior to the expiration of your original leave, your department's Personnel section will notify you of your extension's approval or denial. Please note: Personal Leaves cannot be longer than 12 months.
3. Should you wish to return to work prior to the expiration of your leave you should notify your department's Personnel section in writing, Your department's Personnel section shall notify you of your return date. Said return date shall be no later than 21 calendar days after the date your department's Personnel section receives your letter. In any case the return date will be no later than the original expiration date of the leave of absence.
4. For Medical Leaves of Absence: You must submit to your Personnel section a complete release form from your physician prior to the expiration of your leave. You should submit your physician's statement of release at least ten (10) calendar days prior to the expiration of your leave. If you need to request an extension of your medical leave of absence you must complete another **REQUEST FOR LEAVE OF ABSENCE FORM** and attach to the form a statement from your physician stating the reason for and the projected length of the extension. Your department's Personnel section must receive said form and physician's statement at least 21 calendar days prior to the expiration of your leave.

If 21 calendar days notice is not possible, you should submit the form and statement as soon as possible. Prior to the expiration of your original leave, your department's Personnel section will notify you of your extension's approval or denial. Should you wish to return to work prior to the expiration of your leave you should notify your department's Personnel section in writing. You should submit along with your letter a complete release from your physician. Your department's Personnel section shall notify you of your return date. Said return date shall be no later than 21 calendar days after the date your department's Personnel section receives your letter and physician's statement.