



# Special Leave Request

Parental Leave

Military Leave

Education

Extended Leave

Leave Without Pay

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_ Email: \_\_\_\_\_

Leave with pay: From: \_\_\_\_\_ To: \_\_\_\_\_

Leave without pay: From: \_\_\_\_\_ To: \_\_\_\_\_

## **Supplement Earnings With Leave Balances:**

Will you be utilizing leave during your absence? YES NO

Type of Leave | amount:

Annual \_\_\_\_\_ hours Holiday \_\_\_\_\_ hours Incentive \_\_\_\_\_ hours Comp Time \_\_\_\_\_ hours \*Sick \_\_\_\_\_ hours

Will you be utilizing leave donations? *(form located on SharePoint)* YES NO

## **Benefits During Leave:** *(Leave without pay or non-paid military leave)*

I understand I must pay any required premiums directly to the city during my absence or be double deducted for past due premiums when I return to work.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Military Leave Only:** *(Only complete if cancelling benefits)*

I elect not to keep my group insurance coverage. I understand that when I return, I will have 30 days to re-enroll in benefits.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Review and Approval** *(Not required for Parental Leave or Military Leave)*

Manager/Supervisor: Approved Declined Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: Approved Declined Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative: *Is this request within City Policy Guidelines? \*\** YES NO

Approved Declined Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Sick Leave Hours are not available for use during Military or Education Leave.

\*\*Supporting Documentation will need to be submitted directly to Human Resources.

**If you have any questions regarding this form, call 912-651-6484. Submit this form to Office of Human Resources, Benefits by FAX: 912.525.1697 or EMAIL: [Benefits@savannahga.gov](mailto:Benefits@savannahga.gov)**