
Instructions for Personal Leave of Absence Application

New York and New England Bargained for Employees

Please review the Conditions for Leave within the Personal Leave of Absence Guidelines. Your supervisor should review the Conditions for Leave with you before you sign this application.

The minimum duration of a Personal Leave is 30 calendar days. Leaves over 30 calendar days must be entered into Manager's Self Service (MSS) by the employee's supervisor.

Part 1: Employee Information: Please provide all required information. If you are not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.

Part 2: Request for Leave: Please check the applicable reason for leave. If "Other", briefly describe the reason for the leave. Then, check whether you're requesting a leave or an extension of a leave and provide the dates you would like your leave to begin and end.

If you are requesting an Education Leave, a copy of your approved registration form or letter of acceptance must be submitted to your supervisor.

Part 3: Acknowledgements: You and your supervisor must sign this section after your supervisor has reviewed the Conditions for Leave with you.

After completing the application, please make a copy for your records and provide the original to your supervisor as your official request.

If you have any questions, please contact 1-800-638-4228 or send an e-mail to verizonleavemanagement@Sedgwickcms.com

**Application for Personal Leave of Absence
(New York and New England Bargained for Employees)**

G2518-PER
2018

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| Part 1: Employee Information | |
| Employee Name: | |
| Employee's EMPLID: | Employee's NCSD: |
| Employee's Address during Leave: | Employee's Telephone # during Leave: |
| Department Contact: | Department Contact Telephone # |
| Supervisor's Name: | Director's Name: |
| Part 2: Request for Leave (Please check one) | |
| Reason for Personal Leave: <input type="checkbox"/> Education <input type="checkbox"/> Civic <input type="checkbox"/> Union Business <input type="checkbox"/> Other | |
| Describe Reason for Leave: _____ | |
| <input type="checkbox"/> I request a leave of absence to begin on: _____ and to continue through _____ | |
| <input type="checkbox"/> I request an extension to begin on: _____ and to continue through _____ | |
| Part 3: Acknowledgements | |
| I hereby apply for a Personal Leave of Absence, in accordance with the Personal Leave of Absence Guidelines and subject to the Conditions for Leave. I have read and understand these conditions, including: | |
| <ul style="list-style-type: none"> • The maximum Education Leave cannot be greater than 24 months. • The maximum Union Leave cannot exceed the terms of the collective bargaining agreement. • The maximum Civic Leave for taking part in political activities, holding public office or serving in the Peace Corps or AmeriCorps VISTA cannot be greater than 24 months. • The maximum Civic Leave for working for a charitable organization or performing volunteer work cannot be greater than two days per calendar year, taken one-half day at a time; this time is handled departmentally and can not to be entered into Manager's Self Service (MSS). | |
| Employee Signature: | Date: |
| Copy of registration form or acceptance letter provided for Education Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The above employee has applied for Personal Leave Absence. I have reviewed the Personal Leave of Absence Guidelines and the Conditions for Leave with the employee. | |
| Supervisor Signature: | Date: |
| Director Signature: | Date: |

