

## REQUEST FOR A LEAVE OF ABSENCE

- AUTHORITY:** Memorandum of Understanding  
Family Medical Leave Act of 1993
- RESCINDS:** Procedure Manual Item 1-3-001, dated 08/15/08
- FORMS:** County of Orange Leave of Absence Form (F850-45.5-S13)
- PURPOSE:** To provide guidelines for processing a request for a leave of absence.

### I. GENERAL INFORMATION

- A. It is the employee's responsibility to notify his or her supervisor of the need for a leave of absence, an extension of an approved leave of absence, any change in their anticipated return to work date and to provide appropriate documentation to support these requests as soon as possible.
- B. Requests for a leave of absence must be submitted 30 days in advance or as soon as possible.
- C. Requests for an extension of the leave of absence must be submitted 14 days in advance or as soon as possible.
- D. Employees who are absent for more than 14 calendar days due to a personal illness or injury must be evaluated by Employee Health Services **in order to** obtain clearance to return to work.
- E. Employees are required to post any available balances during a leave of absence.
- F. Merit, probation and PIP evaluation dates will be extended for the duration of an unpaid leave of absence.
- G. Employees will not accrue service hours during an unpaid leave of absence.
- H. Types of Leaves
  - a. Non – Discretionary
    - 1. Medical Leave
      - a) A regular, limited-term or probationary employee shall be granted, upon request, a leave of absence without pay for a non-occupational disability provided the employee supplies the appropriate required documentation.

b) **Based on qualification**, Family Medical Leave shall be granted **up to 12 weeks per calendar year for any of** the following reasons:

- 1) **The employee requires leave to care for their own serious health condition.**
- 2) The birth of a child or placement of a child for adoption or foster care.
- 3) **The employee** is needed to attend to **the** serious health condition of **their** child, spouse, parent or individual standing in loco parentis.

c) In addition, the employee must meet the following criteria to qualify for Family Medical Leave:

- 1) Have been employed by the County of Orange for at least 12 months.
- 2) Have worked a minimum of 1,250 hours in the previous 12 months.

2. Military Leave – See PMI 1-3-004 (**Military Leave of Absence**)

3. Parenthood Leave

A regular, limited-term or probationary employee shall be granted, upon request, a Parenthood Leave Without Pay for up to six (6) months in connection with the birth or placement for legal adoption of a child provided the employee supplies the required documentation.

4. Pregnancy Disability Leave

- a) California **state** law provides for a non-discretionary leave of absence for up to four (4) months, as needed, for periods of time when an eligible employee is disabled by pregnancy.
- b) The leave may be taken intermittently or on a reduced work schedule when medically advisable, as determined by the employee's health care provider and upon approval by Executive Management.

b. Discretionary

1. Personal leaves taken for purposes extending beyond those covered under non-discretionary leaves.
2. Discretionary leaves are granted at the discretion of Executive Management and evaluated based on current business needs.

## II. PROCEDURE

- A. An employee may request a leave of absence by completing the County of Orange Leave of Absence Form (S13) and submitting to his or her immediate supervisor with the appropriate required documentation.

The approximate beginning date, date of return and type of leave must be stated on the form.

- B. The immediate supervisor will forward all documents via **the** chain of command to the Professional Standards Division (PSD).
- C. PSD staff will prepare all necessary forms, obtain the appropriate Chief Deputy **Probation Officer's** approval and forward to the Position Control Desk for processing.
- D. If the leave request **is** approved, PSD will process the leave and forward a copy of the completed County Leave of Absence Form to the direct supervisor and employee for their records.
- E. If the leave request is denied, the employee will be notified in writing. **The employee has the right to file a written appeal with the Human Resources Director within fifteen (15) calendar days from the date of written notification. The decision of the Human Resources Director shall be final.**

## REFERENCES:

Procedures:	1-3-004	Military Leave of Absence
	1-3-302	Return to Work from Illness, Injury or Pregnancy
Policy:	C-3	Leaves: Personal, Medical, Family, Military, Workers' Compensation, Witness, Bereavement, OCEA Business

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**APPROVED BY:** Todd Graham  
Division Director

July 19, 2011  
Date