

POLICY: LEAVE OF ABSENCE

Hadley Township Fire Department
Policy # 011

PURPOSE:

To allow an employee the ability to take a leave for any one of the following reasons:

1. Educational
2. Personal
3. Military
4. Medical

PROCEDURE:

A written request, on the attached form, shall be completed and submitted to the Fire Chief for approval.

During any leave of absence all equipment and property issued by the Department shall be returned. No leave requests will be approved without the equipment being returned.

Not more than six (6) months of leave time will be approved at any one time, unless military exempt. Employee must return to full active duty at the expiration of the approved leave or, request an extension of the leave following the procedures set forth in this policy. Failure to do so will automatically result in termination.

Employee shall submit a written request when ready to return to active duty.

Unless otherwise indicated by an agreement, contract or other applicable provisions:

- Employee will not be covered by any provided benefits or insurance while on leave of absence.
- Employee will not accrue seniority while on a personal or educational leave of absence. An Employee on military leave will continue to accrue seniority.
- An Officer requesting a leave of absence may be required to temporarily relinquish their position.
- An Employee returning from a leave of absence must be in compliance with the minimum employment and training requirements established by department policy.
- An Employee returning from a leave of absence of more than six (6) months must successfully complete a physical examination with drug screening.

EDUCATIONAL LEAVE

An educational leave of absence may be granted to an active employee planning to attend a college or university. Proof of registration must accompany the request for leave of absence.

PERSONAL LEAVE

Requests for personal leave of absence will be considered on an individual basis, based upon the need described in the leave request.

MILITARY LEAVE

A military leave of absence must be granted to an employee. Documentation of the employees order to active duty shall accompany the leave request.

LEAVE OF ABSENCE FORM

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

TYPE OF LEAVE: EDUCATIONAL: _____

PERSONAL: _____

MILITARY: _____

MEDICAL: _____

LENGTH OF REQUESTED LEAVE: _____

DETAILED EXPLANATION OF LEAVE REQUESTED: _____

With my signature I am stating that I understand the content and requirements outlined in department policy and request this leave of absence.

Signature

Date

Fire Chief

Date

The completed leave of absence request shall be forwarded to the Fire Chief for approval.

() APPROVED () DISAPPROVED LEAVE EXPIRES: _____

ALL ISSUED DEPARTMENT EQUIPMENT RETURNED: () YES () NO

Fire Chief

Date

This policy presented by the Michigan Township Participating Plan, is intended as general guidelines for members of the Michigan Township Participating Plan Program. This policy should not be construed as legal advice. The viewer or reader of the material should consult legal counsel to review the information presented before implementation of any policy or procedures.