

PROCEDURE NO. 4-10-12

ISSUED: 11-01-93

REVISED: 12-12-24

REVIEWED: 12-12-24

SUBJECT: Leaves of Absence

PURPOSE: To define types of leaves of the organization and to carry out the mandate of the Office of Human Resource Policy No. 4.

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UNPAID LEAVE – Unpaid leave of absence is time off from scheduled work without pay for regular employees who are not eligible for FMLA or are not eligible to use ETO and request must be submitted to the HR Director for review and approval. Unpaid leave is not a privilege and in no instance is a leave granted automatically. All leaves of absence (other than military) will be granted after all FMLA (if applicable), ETO (which includes accumulated holiday time) has been exhausted. Decisions to grant an unpaid leave are based on the employee’s work record, the work load, and the ability of other personnel to handle the work.

Upon return from leave of absence, Woodhaven will try to assign the employee to his/her former position or a similar position. The organization cannot guarantee that the former position or any position will be available following the leave of absence. If circumstances make it impossible or unreasonable, the employee will be assigned to a position for which he/she is qualified, if one is available. If no position is available, the employee may request to be placed on “on call” status until a position for which he/she is qualified becomes available.

Failure to return from an authorized leave on the date agreed upon will be treated as a voluntary resignation.

For instances of unpaid leave where FMLA is not applicable, Insurance Benefits may be subject to termination at the end of the last day of the month for which paid time is utilized. The Insurance provider will notify the employee of their COBRA rights and available options to continue insurance benefits. If an employee is enrolled in the Pension program, their account may be placed on leave of absence status until their return to active employment.

Written requests for unpaid leaves of absence of up to 60 days will be considered when requested at least two weeks in advance of the leave, if and when possible. Emergency situations will be considered on an individual basis. A request for an extension of a leave may be considered if submitted for review and approval prior to the expiration of the approved leave.

MILITARY LEAVE – If you serve as a member of the National Guard or any of the reserve components of the United States Armed Forces, you may be granted a leave of absence from your duties without pay or utilizing ETO if available. This includes fifteen (15) consecutive calendar days each calendar year for annual training. If you enter the Armed Forces of the United States because of an induction order from a Selective Service Board or for certain other reasons, you will be granted a leave of absence without pay for a period of military training and required service.

DEATH IN FAMILY – Upon request, you may be granted up to twenty-four (24) hours (3 days) off with pay if you are scheduled up to eight (8) scheduled hours per day. An employee who has a regular scheduled weekend relief position may be granted up to thirty-two (32) hours off with pay when a death occurs in your “immediate family”. Immediate family in this instance includes children, spouse, parents, brothers, sisters, the employee’s grandparents and grandchildren and parents of the employee’s spouse. An employee will not earn overtime compensation based on any hours of paid funeral leave in a given week. Funeral leave pay may only be used up to an employee’s total number of scheduled weekly work hours

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ADMINISTRATIVE LEAVE – An employee may be placed on Administrative Leave as a result of an allegation of Abuse or Neglect or other violations of organizational rules, policies, or procedures.

The individual may opt to utilize their ETO during this leave, otherwise the leave will be without pay. At the outcome of the Abuse/Neglect investigation if the allegations are not substantiated, the individual may return to work. Employees will not accrue ETO during their suspension. Woodhaven will reimburse employees their regularly scheduled hours used during their suspensions if they are cleared of the allegations and the ETO utilized would be reimbursed to their bank.

JURY DUTY – Upon notification of jury duty, employees with regularly scheduled hours must notify their supervisor or department head immediately. Employees who serve on jury duty will be excused from their normal duties unless replacement personnel are unavailable to maintain essential services. In such a case, the organization may request that the court excuse the employee from duty. While on jury duty, Woodhaven Learning Center will pay the employee the difference between regular earnings and jury duty pay for a maximum of thirty (30) days. The Chief Executive Officer must approve jury duty leaves in excess of thirty (30) days. Employees are expected to report for work if excused from jury duty before the usual end of the work shift.

OTHER OFFICIAL LEAVE – You may be granted official leave (time off with pay) for the following:

To comply with a subpoena to appear in court before a judge, any legislative committee, or any officer, board or body authorized to conduct any hearing or inquiry. This does not include a summons.

For attendance at professional conferences, institutes or meetings when such attendance is approved by the Chief Executive Officer or designee.

ETO OR SICK LEAVE ACCRUAL AND EXCEPTIONS – When an individual is placed on extended leave without pay for any reason, they will not accrue additional ETO or sick leave during this time.

Any exceptions to this procedure may only be made by the Chief Executive Officer or designee.

Approved: _____
Human Resource Director

Date: _____

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LEAVE OF ABSENCE REQUEST FORM
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Employee Information

- Full Name: _____
• Job Title: _____
• Work Location: _____
• Contact Information (Phone/Email): _____

Leave Details

- 1. Type of Leave (Check one):
[] Personal Leave
[] Medical Leave
[] Family Leave
[] Other (Specify): _____

2. Reason for Leave (Brief Explanation):

- 3. Leave Start Date: _____
4. Leave End Date: _____
5. Total Days of Leave Requested: _____

Work Transition Plan

- Have you discussed coverage of your responsibilities with your manager/supervisor?
[] Yes [] No

• Notes or additional details about transition:

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Documentation

Supporting documentation attached (if required).

Acknowledgment and Signature

I certify that the information provided in this request is accurate to the best of my knowledge. I understand that approval of this request is subject to company policies and procedures.

Employee Signature: _____ Date: _____

For HR Use Only

- Request Received By: _____
- Decision: Approved Denied
- Comments/Notes: