

LEAVE OF ABSENCE REQUEST

I, _____, request a leave of absence from Blacksburg Transit beginning _____ and ending _____.

Type of Leave:

_____ Medical, including FMLA _____ Personal Emergency
_____ Military - Expected Duration _____
_____ Summer Break – Please check one reason
_____ Return home/travel for summer _____ School/other employment
Other: _____

Please change my mailing address during my LOA to the following:

Operator Signature _____ Date: _____

Please read and initial the following information: _____

If you are on LOA for a period greater than 2 weeks during the evaluation period you are not eligible for a raise. The only exception is Family Medical Leave (FMLA), where applicable, or a Medical LOA. Anyone on a Medical LOA for a period less than 4 weeks is eligible for a raise.

- It is your responsibility to ensure your LOA has been granted. Do not assume your LOA is approved until you receive approval on When to Work. Your LOA will not be considered until all processes are completed, including the W2W request and LOA form. FMLA requests will be processed by the Human Resources Office, and cannot be approved until a provider certification is returned to the Town of Blacksburg Human Resources Manager.
- If you do not return to work within the two-week pay period following the end of any approved LOA, you will be considered to have voluntarily resigned your position. (This does not apply if you are requesting a military LOA).
- You must sign the LOA Slip before you return to work.

Return to work signature: _____ **Date:** _____

Date for Return to work test due (where applicable): _____

Approval:

I received and approved this Leave of Absence.

Signature: _____ Date: _____
Harland L. Brown, Operations Manager

Denial:

I received and denied this Leave of Absence.

Signature: _____ Date: _____
Harland L. Brown, Operations Manager