



CITY OF JERSEY CITY

DEPARTMENT OF HUMAN RESOURCES



CITY HALL | 280 GROVE STREET | JERSEY CITY, NJ 07302
P: 201 547 5217 | F: 201 547 5022

PERSONAL LEAVE OF ABSENCE REQUEST FORM

Per the City's Policy on Personal Leaves of Absence (Article VI, Section 28), the City may grant a leave without pay for good cause up to a maximum of six (6) months providing that they worked on a continuous basis for the preceding six (6) months. A personal leave may be taken for good cause and may not be used to work for another employer.

An initial approval from your Department Director is required for the first three (3) months of leave. Should an additional three (3) months be needed, approval from the Business Administrator is required. Please note, a separate form should be filled out for each of the three (3) - month leave requests (e.g. a total of two forms submitted for a maximum leave of 6 months).

Note: If leave is requested to attend the Public Safety (Police/Fire) Academy for the City of Jersey City, please complete the "Public Safety Academy Leave of Absence Request Form." If leave is related to a medical leave of absence, please contact the Leave Management Team at 201-547-5217.

<p>Employee Information:</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>Department: _____ Division: _____</p> <p>Title/Position: _____ Manager/Supervisor's Name: _____</p>
<p>Reason for Leave:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Duration of Leave:</p> <p>Leave Start Date: _____ Return to Work Date: _____</p> <p>Is this an extension of an existing leave? Yes No</p> <p>If so, please provide original leave dates below.</p> <p>Leave Start Date: _____ Return to Work Date: _____</p>
<p>Employee Acknowledgment:</p> <p><i>By signing below, I am certifying that the above information is correct and if an extension is needed, I understand that I will need to complete an additional request. I also understand that it is my responsibility to inform my manager/supervisor regarding my personal leave of absence request.</i></p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p>
<p>FOR DEPARTMENT DIRECTOR ONLY:</p> <p>Please circle one of the following with regards to the above referenced request: Approve Deny</p> <p>Signature: _____ Date: _____</p>