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Legal References:

LEAVE OF ABSENCE REQUEST

Employee Name: _____ Empl #: _____

Requested leave start date: _____ End date: _____

Explain the reason for the leave request including facts to its necessity: _____

Terms and Conditions for a Leave of Absence

I submit this request for an unpaid leave of absence (LOA) with **complete understanding and full acknowledgement** of the following terms and conditions related to my employment with the city of Boise:

- A. The city of Boise("city") has the right to deny this request; and
- B. The leave of absence ("LOA") will be unpaid; therefore, I must exhaust all my accrued vacation, compensatory time, and floating holidays, prior to the start date of the LOA;
- C. During the LOA all my paid leave accruals and paid holidays will be discontinued; and
- D. During the LOA my insurance benefits (i.e., health, dental, life, LTD, etc.,) and other payroll deductions will be discontinued unless I make arrangements with Payroll & Benefits in Human Resources, within 30 days of the leave commencement, to pay both the employer and employee costs for these benefits; and
- E. During the LOA I cannot engage in other employment; and
- F. I am obligated to disclose any apparent or actual conflict of interest created by the LOA in accordance with the city's Code of Ethics; and

- G. I must return all city identification badges, keys, P-cards, mobile devices, equipment, uniforms, and/or other city property prior to the start date of the LOA; and
- H. During the LOA I have no authority as a city employee, and I am not authorized to represent the city of Boise in any way; and
- I. I am required to notify my Department Director and Human Resources in writing of my intent to return to work no less than 10 calendar days prior to the expiration of my LOA; and
- J. If I fail to give the required written notice, or if I fail to return to work by the approved LOA end date, the city shall consider me to have voluntarily resigned my position; and
- K. Upon returning from the LOA, I may or may not, be placed in the position I held when my leave of absence began. I understand if the Department Director and Human Resources determine that returning me to that position is not in the city's best interest, I may be placed in a comparable open position, that I am qualified to perform, with or without a reasonable accommodation, if such a position is available.
- L. If my previous position no longer exists or was eliminated due to a reorganization or reduction in staff, I may be eligible for a separation package in accordance with the city's Layoff Regulation.

Employee Signature

 Empl ID #

 Date

LEAVE OF ABSENCE APPROVED (check one): **YES** _____ **NO** _____

Director: _____
 Signature

Date: _____

Concur: _____
 HR Director

Date: _____