



Regional Transit Authority

Personal Leaves of Absence

(HC45)

POLICY STATEMENT

At-Will Full-Time employees may be allowed personal leaves of absence of up to a maximum of six months. Personal leave requests are reviewed on a case-by-case basis with no guarantee of approval.

PURPOSE

This provides guidelines when employees request extended periods of time off from work for personal reasons.

APPLICATION

This policy applies to all At-Will Full-Time employees. If a conflict occurs between this policy and a collective bargaining agreement, the collective bargaining agreement will prevail.

APPROVED:

ADOPTED: Board Chair

Chief Executive Officer

Effective Date: _____

Date of Last Review: _____



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1.0 GENERAL

1.1 Requesting Personal Leaves of Absence

An employee requesting a personal leave must complete the Request for Personal Leave of Absence (Attachment 1) form, providing justification for the requested leave, and including a timeframe for return to work. Requests will be reviewed on a case-by-case basis, with no guarantee of approval.

Requests will not be considered until the employee has exhausted all other leaves of absence (PTO, medical, etc.). If the employee does not return to work after the approved timeframe, department operations may require the employee be replaced permanently. Personal leaves may not be used for employment at another organization.

Employees on initial or disciplinary probation, or who did not Meet Expectations on their most recent Individual Performance Plan review will be ineligible to take a personal leave of absence.

1.2 Approvals

A requesting employee's department head has full discretion to approve or disapprove a personal leave based on the needs of the department.

Personal leaves must be approved as follows:

- *Leaves of less than 30 calendar days:* Require the approval of Department Chiefs.
- *Leaves of 30 to 120 calendar days:* Require the additional approval of the employee's Department Chief.
- *Leaves over 120 calendar days:* Require the additional approval of the Chief Executive Officer.

1.3 Pay and Benefits While on Leave

Medical, dental, and other insurance will continue while the employee is on Personal Leave with the exception of Long-Term Disability (LTD) insurance.

Employees on personal leave will not accrue PTO, receive holiday pay, or be eligible for tuition reimbursement.

2.0 RESPONSIBILITIES

Department Chiefs are responsible for reviewing and approving personal leaves of absence.

Employees are responsible for submitting a written request and justification detailing the need for the leave and expected timeframe to return to work.



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Human Capital is responsible for administering this policy.

3.0 FLOWCHART

N/A

4.0 REFERENCES

- Family and Medical Leave (HC26)
- Individual Performance Plan (HC36)
- Medical Leave (HC39)
- Pregnancy Disability Leave (HC12)
- PTO Sick Leave (HC20)

5.0 ATTACHMENTS

1. Request for Personal Leave of Absence

6.0 PROCEDURE HISTORY

N/A

7.0 SPONSOR DEPARTMENT

Human Capital



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REQUEST FOR PERSONAL LEAVE OF ABSENCE

Employees may be allowed personal leaves of absence of up to a maximum of six months. To be considered for a personal leave, requesting employees must have exhausted all Paid Time Off (PTO), Vacation, Frozen Vacation Time or other leaves, prior to submission. Personal leave requests are reviewed on a case-by-case basis with no guarantee of approval.

Date _____

Employee Information:

_____	_____	_____
Last Name	First Name	Badge
_____	_____	_____
Job Classification	Work Phone	Home/Cell Phone
_____	_____	
Department Name	Division Number/Location	
I Have Available PTO, Vacation or Frozen Vacation Time: No <input type="checkbox"/> Yes <input type="checkbox"/> Which _____ Hours _____		
I Am Currently on Another Leave: No <input type="checkbox"/> Yes <input type="checkbox"/> Which _____ Date of Return _____		

Justification for request (include reason for personal leave and any supporting documentation)

Days of Personal Leave Requested _____ Expected Date of Return _____

I have exhausted my Paid Time Off (PTO), Vacation, Frozen Vacation Time and other available leaves. I understand that RTA cannot guarantee my position once I take leave; if I do not return by the agreed-upon date of return, I may be terminated; and that accepting employment elsewhere while on a personal leave of absence from RTA will result in my immediate termination.

Employee Signature _____
Date

Required Approvals (print, sign & date)

_____	_____
Department Chief (all requests)	Date
_____	_____
Employee's Director (requests of 30 – 120 calendar days)	Date
_____	_____
Chief Human Resources Officer, Human Capital (requests of 30 – 120 calendar days)	Date
_____	_____
Chief Executive Officer (all requests exceeding 120 calendar days)	Date

