



LEAVE OF ABSENCE **WITHOUT PAY** (NON-FMLA/CFRA)

DIRECTIONS: Complete the form below to request a leave of absence without pay. Please be advised that this form is not for FMLA/CFRA or military leaves. Once completed, submit the signed form and supporting documents to **your** Department's Human Resources Office (HRO). After review, your HRO should direct the form to the Personnel Department's Records Section (per.records@lacity.org). Once approved by the Personnel Department's General Manager, a copy will be provided to HR for processing in Workday.

LAST NAME: _____ **FIRST NAME:** _____ **M.I.:** _____

EMPLOYEE ID NUMBER: _____ **JOB CLASSIFICATION:** _____

DEPT./DEPT. #: _____ **PERSONAL PHONE NUMBER:** _____

PERSONAL ADDRESS: _____ **PERSONAL EMAIL:** _____

I am requesting an unpaid leave of absence for the following reason (Check one).

- Personal
- Medical (non-FMLA/CFRA)
- Educational (under Veteran/G.I. provisions)
- Educational (non-Veteran)
- Loan to Work for Another Agency (governmental or private)
- Loan to Work for Employee and/or Joint Council Organization
- Pending Outcome of Workers' Compensation Appeal

ORIGINAL **EXTENSION** **DATE:** From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

I understand that taking an unpaid leave of absence may impact retirement credit, accruals, and that I may be subject to deductible absences. By my signature, I certify that I intend to return to City service.

SIGNATURE OF APPLICANT: _____ **DATE (mm/dd/yyyy):** _____

APPOINTING AUTHORITY APPROVAL: _____ **DATE (mm/dd/yyyy):** _____

NOTES: _____

FOR PERSONNEL DEPT. USE ONLY

APPROVED **DENIED**

PERIOD REQUESTED (DAYS): _____ **IF EXTENSION, INCLUDING DATES FOR PRIOR LEAVES:** _____

ORIGINAL APPOINTMENT DATE: _____ **NOTES:** _____

GENERAL MANAGER, PERSONNEL DEPT. SIGNATURE: _____