

**EXHIBIT 12**



**Unpaid Leave of Absence**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Leave Begin Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

\*\*Policy allows an unpaid leave of absence up to 30 days only.

Reason for Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement:**

I am requesting an unpaid leave of absence because I am either not eligible for FMLA, have exhausted my FMLA or need time off for reasons that do not qualify under FMLA and have used up all my paid leave offered to me by the City. I understand I must continue to pay my benefit premiums while on an unpaid leave of absence and therefore will either need to have the funds deducted from my account or will need to provide a check to Human Resources. I understand if I am taking an unpaid leave of absence for medical reasons that I must provide a doctor's note and am responsible for any cost the doctor may charge for that note. I understand if I fail to provide a doctor's note, my leave will not be approved and I will be on an unapproved leave of absence which would be against policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approval:**

\_\_\_\_\_  
Human Resources Director Signature

\_\_\_\_\_  
Date

*Please return this form to Human Resources.*