

# BAY AREA RAPID TRANSIT DISTRICT

## LEAVE OF ABSENCE REQUEST FORM

**Instructions:** All employees may request a Personal, Education, or Emergency Leave of Absence lasting no more than six months. The leave can be either paid, non-paid, or a combination. If eligible, vacation, compensatory time, statutory holidays, and floating holidays can be used. Failure to return to work when scheduled will constitute job abandonment.

**Employee Name:** \_\_\_\_\_ **Employee Identification Number:** \_\_\_\_\_

**Leave Begins:** \_\_\_\_\_ **Leave Ends:** \_\_\_\_\_ **Return to Work:** \_\_\_\_\_

**I Employee's Work Schedule**

**Employee's RDO:**     Sun    Mon    Tues    Wed    Thurs    Friday    Sat

**Employee's Schedule:**         5/8 Work Schedule                       4/10 Work Schedule

**II Type of Leave of Absence (Select one of the leaves below)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational Leave of Absence | <input type="checkbox"/> Emergency Leave of Absence | <input type="checkbox"/> Personal Leave of Absence |
|---|---|--|

**Paid Leave of Absence**     **Unpaid Leave of Absence**

**III Justification for Leave – Please provide specific reasons for the requested leave.**

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**IV Employee Signature**

In the event I do not have any forms of payable time, I am aware any deductions for Flexible Spending Admin Fee, Health and / or Dependent Care Reimbursement Accounts, medical, vision, life, disability and Survivor Benefits will be invoiced and am required to submit payment by the due date, or coverage is subject to termination.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date Signed**

**V Supervisor Approval**

\_\_\_\_\_  
**Supervisor / Dept. Manager Signature**

\_\_\_\_\_  
**Extension**

\_\_\_\_\_  
**Date Approved**



**Instructions for Section VI – VIII:** The appropriate department representative must sign off each section before the next section can be completed. After completion of the last section, this document should be returned to HRIS.

**VI Leave Balances – To be completed by HRIS**

| Paid Time As Of: _____                   | Amount | _____                                   | Amount |
|--|--------|---|--------|
| Accrued Vacation Hours:                  |        | Compensatory Time Hours <sup>1</sup> :  |        |
| Statutory Holidays (Days) <sup>2</sup> : |        | Floating Holidays (Days) <sup>3</sup> : |        |
| <b>Vacation Accrual End Date:</b>        |        |   |        |

- Data Change Begins<sup>4</sup>: \_\_\_\_\_
  Leave with Benefits Begins<sup>5</sup>: \_\_\_\_\_  
 Initiate Security Request Form

|                             |                            |                           |
|-----------------------------|----------------------------|---------------------------|
| <b>HRIS Signature</b> _____ | <b>Date Received</b> _____ | <b>Date Entered</b> _____ |
|-----------------------------|----------------------------|---------------------------|

**VII Additional Pay Adjustments – To be completed by Payroll only if leave with benefits occurs.**

| Additional Pay Type | End Date | Additional Pay Type | End Date |
|---------------------|----------|---------------------|----------|
|                     |          |                     |          |
|                     |          |                     |          |
|                     |          |                     |          |

|                                |                            |                           |
|--------------------------------|----------------------------|---------------------------|
| <b>Payroll Signature</b> _____ | <b>Date Received</b> _____ | <b>Date Entered</b> _____ |
|--------------------------------|----------------------------|---------------------------|

**VIII Maintain Time Reporter – To be completed by Time and Labor**

- Set Rule Element 4       **LEDU**       **LEMG**       **LPER**  
 Clear TCD Group

|                                 |                            |                           |
|---------------------------------|----------------------------|---------------------------|
| <b>TA Group Signature</b> _____ | <b>Date Received</b> _____ | <b>Date Entered</b> _____ |
|---------------------------------|----------------------------|---------------------------|

<sup>1</sup> Not all groups are eligible for compensatory time. Time limits are 160 hours (police) or 40 hours (all others).

<sup>2</sup> Statutory holidays are earned and paid as they occur within the calendar year.

<sup>3</sup> If eligible, floating holiday usage should not exceed seven days of the leave period.

<sup>4</sup> Effective Date for the Data Change should be the date the leave begins.

<sup>5</sup> Date for Leave with Benefits is the date all payable leave ends provided the leave continues past this date.

