

LEAVE OF ABSENCE

SUBJECT: Section 1.18 of the Union/Authority Agreement
EMPLOYEES OFF WORK FOR MORE THAN 30 CONSECUTIVE DAY MUST SUBMIT WRITTEN
REQUEST FOR LEAVE OF ABSENCE (EVERY 30 DAYS)

TO ALL APPLICABLE EMPLOYEES:

A leave of absence shall be any approved excused absence from work, with or without pay and/or benefits.

When a leave of absence (especially due to illness or on-the-job injury) is expected to exceed 30 consecutive days, a written request extending the leave of absence must be submitted by the employee. Extensions must be requested prior to the expiration of the most current leave. This request must be submitted every 30 days and must include the reason for requesting the leave, as well as the amount of time required. An employee on an approved leave of absence must notify the Authority of their current address and telephone number.

Employees off work for an extended period of time (more than 30 consecutive days) must comply with this procedure. The right to grant or deny a request for leave of absence and extensions of a leave of absence rests with the Authority, except when sickness or injury prevents performance of an employee's regular duties.

Too often contact is lost with employees who are off for very valid and legitimate reasons. The request for leave of absence and extensions keeps Management informed of your current situation and status and establishes the mutual communication that is needed.

KANSAS CITY AREA TRANSPORTATION AUTHORITY
TRANSPORTATION DEPARTMENT

NAME: _____ BADGE: _____ DATE: _____

MAILING ADDRESS: _____ TELEPHONE #: _____

(INCLUDE CITY, STATE AND ZIP CODE)

ORIGINAL LEAVE: _____ EXTENSION: _____ TYPE OF LEAVE: Sickness _____ Injury _____ Other _____

Amount of Leave: _____ Last Day Worked: _____

Reason for requested Leave of Absence: _____

Expected Date of Return to Work: _____

Physician's Name, Address, and Telephone No.: _____

Employee Signature and Date