

CITY OF SAVANNAH
SPECIAL LEAVE REQUEST APPLICATION

Name _____ Employee Number _____ Date Employed _____
(print)

Department _____ Regular Days Off (check): SU M TU W TH F SA

SECTION I - TYPE OF LEAVE (to be completed by the employee)

Leave Without Pay (attach doctor's authorization if applicable) _____ Days From: _____ Thru: _____

Extended Injury Leave (attach statement from Workers' Comp doctor) _____ Days From: _____ Thru: _____

Extended Sick Leave (attach doctor's authorization if applicable) _____ Days From: _____ Thru: _____

Education Leave _____ Days From: _____ Thru: _____

State reason special leave is requested: _____

Employee Signature: _____ Date: _____

SECTION II - EMPLOYEE ACKNOWLEDGEMENT (to be completed by the employee)

I elect to keep my group insurance coverage while I am on leave without pay. I understand I must pay any required premiums directly to the city during my absence to keep the insurance in force. _____
Employee Signature Date

I do not want to keep my group coverage. I understand I will not be allowed to re-enroll until the next open enrollment period.
NOTE: Open enrollment restrictions not applicable to military leave.

Employee Signature Date

SECTION III - REVIEW AND APPROVAL (To be completed by Department, Bureau and forwarded to Human Resources)

DEPARTMENT HEAD: Approved Disapproved Signature: _____ Date: _____

BUREAU CHIEF: Approved Disapproved Signature: _____ Date: _____

HUMAN RESOURCES DIRECTOR: Request is within City policy guidelines YES NO

Human Resources Director: Approved Disapproved Signature: _____ Date: _____

If applicable 2nd Review with the City Manager: YES NO Date: _____

City Manager: Approved Disapproved Signature: _____ Date: _____

Please submit your forms to:

Barbara Veiock
Human Resources
DIRECT & CONFIDENTIAL FAX
912.525.1697
OR EMAIL
BVeiock@savannahga.gov
OR MAIL
City of Savannah
Human Resources Dept.
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P.O. Box 1027, Savannah, GA 31402