



City and Borough of Sitka Employee Application for Family or Medical Leave

Name
Department
Contact Address
Contact Phone
Dates of Leave (Leave Start Date - Expected Return Date)
Type of Leave Family or Medical
Reason for Leave

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent may need verifying medical certification from a physician.

I hereby authorize the City and Borough of Sitka to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family or medical leave.

I understand that I may be required to present a fitness-for-duty certification prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until such certification is provided. (Please refer to Section 9.10 of the Personnel Policy).

I understand that if a parent or child of two employees employed by the City and Borough of Sitka has a serious health condition, that the Municipality is not required to grant family leave to both employees simultaneously. (Please refer to Section 9.10 of the Personnel Policy).

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the City and Borough of Sitka.

Requested by: (employee signature)	Date
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Supervisor	Date
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