



City of Kenai Request for Leave Requiring City Manager Approval

Kenai Municipal Code requires the approval of the City Manager for Leave Without Pay, Leave of Absence with Pay, and Borrowed Leave

Employee Name:		Department:	
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Date Leave Begins					AM PM	Date Leave Ends					AM PM	
	MONTH	DAY	YEAR	HOUR			MONTH	DAY	YEAR	HOUR		TOTAL HRS.

Leave Type:

LEAVE WITHOUT PAY – KMC 23.40.050

- I certify that this request for leave without pay does not exceed 180 days.
- I certify that this request for leave without pay is not for other employment.
- I certify that all my accrued annual leave has been exhausted; or this request is due to a workers' compensation claim; or, this request is being made during my probationary period.
- I understand that if I use more than 30 days total leave without pay during the leave year, my merit anniversary and length of service dates will be advanced accordingly.
- I understand that during a period of leave without pay, my benefits shall be held in abeyance. Cost of health and related benefits will be at my expense and must be prepaid to the City to insure continued coverage.
- I understand that if my position is covered by the Public Employees Retirement System (PERS), an absence of more than ten days may result in a gap in service.

LEAVE OF ABSENCE WITH PAY: DEATH IN THE IMMEDIATE FAMILY – KMC 23.40.060 (a) (4)

- I certify that this request is due to a death in my immediate family:
 mother father spouse child, brother sister mother/father-in-law

BORROWED LEAVE – KMC 23.40.030 (j)

- I certify that this request is due to a significant illness or injury not covered by workers' compensation; or is due to training or education.
- I certify that all my accrued annual leave has been exhausted.
- I certify that this request does not exceed the amount of leave I would accrue in a 6-month period.
- I understand that in the event my employment with the City ends prior to the borrowed leave being repaid, I must reimburse the City for the value of any leave not repaid.
- I understand the City may deduct the value of any leave not repaid from my final paycheck.

Employee Signature

Date

Department Head Recommendation for Approval

Date

City Manager Approval

Date

Distribution: Original - Employee (to be submitted with timesheet) Copy - Department