



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

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**SUBJECT: LEAVE OF ABSENCE**

**Policy No.:** A212  
**Supersedes:** August 3, 2006  
**Revision Date:** August 12, 2013  
**Page:** 1 of 2

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### **PURPOSE**

To establish guidelines for requesting and reporting leaves of absence.

### **POLICY**

A leave of absence must have management's prior approval. A leave of absence may be used for such reasons as, but are not limited to, recovery from prolonged illness or injury or to restore health, maternity, military service, education or training.

Management must be notified, in writing, at least 30 days in advance of a planned leave of absence. The granting of such leave is discretionary, based on the best interest, needs and responsibilities of the Department, the interests of the public and the needs of the employee.

In cases of emergency, where it is not possible to obtain prior approval, management should be immediately notified and verification of circumstances should be provided to management within 15 calendar days. In cases of emergency where it is not possible to obtain prior approval, management will consider all extenuating circumstances in determining if such leaves will be approved.

### **Details on leaves of absence may be found in the following related policies:**

Policy A213 - Bereavement Leave

Policy A214 - Sick Leave

Policy A217- Military Leave

Policy A218 - Witness Leave

Policy A219- The Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), and  
Pregnancy Disability Leave Law (PDL)

Policy A221 - Jury Duty

### **LEAVES WITH PAY**

Leaves of absence with pay can be charged against available paid benefit time. All leaves may be granted to permanent employees by the Department Head or designated representative under such conditions and for such periods of time as established in the Los Angeles County Code, Civil Service Rules and Memoranda of Understanding.

**LEAVES WITHOUT PAY**

Leaves of absence without pay may be granted for certain military leaves, educational leaves, acts of nature, recovery from a prolonged illness or injury, or to restore health when all required benefit time has been exhausted.

**PROCEDURE**

A leave of absence must be requested using the "Rancho Los Amigos National Rehabilitation Center Request for Leave of Absence" form (Attachment).. The form can be obtained from the facility Human Resources Office or the Rancho Intranet website A reason for the request is required as well as how the leave will be covered (benefit time used, if applicable) Documentation may be required to be submitted at the time of the request and during the leave of absence if a specific return date has not been established.. Leave of absence forms approved by the supervisor/manager and facility Human Resources Administrator must be submitted to the DHS Family Leave and Employee Benefits Unit for further processing,

NOTE: FMLA, CFRA, PDL, and Military leaves require additional forms Please review the applicable policies ..

**REFERENCE:** Los Angeles County Code 6.20 and 916  
Department of Health Services, Policy No.756  
Memorandum of Understanding

Revised: March 2003  
August 3, 2006  
July3,2013 AC

Reviewed: March 23,2010 GI I:mm

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
REQUEST FOR LEAVE OF ABSENCE**

CHECK THE APPROPRIATE BOX:

- |  |   |
|--|---|
| <input type="checkbox"/> FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE | <input type="checkbox"/> PREGNANCY DISABILITY LEAVE (POL) |
| <input type="checkbox"/> FMLA LEAVE (Intermittent)                 | <input type="checkbox"/> PERSONAL LEAVE                   |
| <input type="checkbox"/> CALIFORNIA FAMILY RIGHTS ACT (CFRA) LEAVE | <input type="checkbox"/> OTHER (Explain Below)            |
| <input type="checkbox"/> DOMESTIC PARTNER LEAVE (CFRA)             |   |

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(TO BE COMPLETED BY EMPLOYEE)

Employee Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Employee No: \_\_\_\_\_ Pay location \_\_\_\_\_ Department: \_\_\_\_\_

**PAYMENT INFORMATION:** NO ACCRUAL SICK TIME BENEFITS CAN BE USED TO COVER PERSONAL LEAVE OF ABSENCES

Request a leave with pay From: \_\_\_\_\_ To: \_\_\_\_\_ Return to duty on: \_\_\_\_\_

Please use my actual benefit time of: \_\_\_\_\_

Request a leave without pay From: \_\_\_\_\_ To: \_\_\_\_\_ Return to duty on: \_\_\_\_\_

I have been counseled and/or received guidelines and policies regarding the above chosen leave and agree to comply with all rules and regulations that apply

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Departmental Approvals)

Approved     Denied    Department Head/Service Chief \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied    Human Resources Director Date: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_

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LEAVES OF ABSENCE IN EXCESS OF 12 MONTHS REQUIRE APPROVAL BY THE DEPARTMENT OF HUMAN RESOURCES, DIRECTOR OF HUMAN RESOURCES (*OBTAIN SIGNATURES BELOW ONLY IF REQUEST IS IN EXCESS OF 12 MONTHS*)

Approved     Denied    Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied    Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**HR Use Only**

Policies and Forms given to employee on Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Employee No : \_\_\_\_\_

Original: Employee Leave Folder  
Copies: Payroll Office, FMLA/Benefits Unit Supervisor/Department Head