

City of Hendersonville

Employee Request for Voluntary Unpaid Leave

Employee Name: _____ Employee #: _____

Department: _____

Requested Dates for Voluntary Unpaid Leave:

Department Heads Decision: Request Approved Request Denied

If denied reason for denial:

Department Head's Signature: _____ **Date:** _____

The City of Hendersonville is offering a Voluntary Unpaid Leave program that will allow employees the ability to take off up to forty (40) hours without pay. All benefits (i.e. Health, Life, Dental, and mandated retirement benefits) will remain in force however the reduction in pay could affect the pension benefit if the employee anticipates retiring within the next four (4) years. All deductions previously made by the employee shall continue to be taken out of the employee's check provided there are sufficient funds. In other cases, it shall be the employee's responsibility to make arrangements to pay their portion of benefits or other payroll deductions. There will be no loss of seniority with the City, department or position. There is no break in service. Employees shall retain their anniversary date for merit increases and shall be eligible to see promotions while on unpaid leave. All benefits shall accrue as if the employee was working. Requests to participate in the voluntary unpaid leave program must be submitted two (2) weeks in advance of the desired start date to the Department Head. It is the responsibility of the employee to notify their Department Head of any changes or modifications to the unpaid leave. At the end of the voluntary leave period, the employee will be expected to resume their normal duties.

I have read the above outline of the program and understand and accept the terms and conditions of the Voluntary Leave Program.

Employee's Signature: _____ **Date:** _____

Departments Heads forward agreements to Human Resources and Finance for file.