Document Type: Exhibit
Number: 3.15aaa
Effective: 05-01-06
Revised: 08-15-14
Legal References:

COMPASSIONATE LEAVE REQUEST FORM

_____ _____ _____
Employee's Printed Name Employee ID# Department

I will be unable to return to work due to the following FMLA qualifying condition:

☐ An incapacitating illness or injury to myself; or
☐ The need to care for a family member with an incapacitating illness or injury.

Probable duration of condition: _____

I will exhaust my paid leave balances, including sick, vacation and compensatory time on the following approximate date _____. I, therefore request consideration under the provisions of the City of Boise Compassionate Leave Policy 3.15.

Please Initial:

☐ I understand that any decision to grant me leave is discretionary and there is no entitlement to Compassionate Leave.

☐ Should I receive Compassionate Leave, I understand that I will be required to provide periodic updates from a physician concerning my estimated return to work in order to maintain eligibility for such leave.

☐ I understand that I may be required to present a fitness for duty release from a physician upon returning to work.

I do hereby authorize the City of Boise to use the information above to facilitate the request I have made. Further, I agree to hold the City of Boise harmless for any and all violations of my privacy related to the protected health information contained on this form. I understand the information I have provided may be shared with members of Human Resources, the City Attorney's Office, the Mayor's Office and City Council. I understand that this information will be provided to only those who need to know (timekeepers etc.) in order to grant my request. In no event shall I claim to have been wronged, injured or make any claim or bring civil legal action against the City of Boise, its officials, agents or employees under any provision of state or federal law based upon disclosure of the information in this request.

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

***** HR USE ONLY*****

Recorded by HR on: _____ ☐ EXEMPT ☐ NON-EXEMPT
Date

☐ TO PAYROLL ☐ TO DEPT ☐ PAYROLL RECEIPT