

[USE DEPARTMENT LETTERHEAD]

**Leave of Absence Approval Notice**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_ :

Your request for Leave of Absence has been:

- Approved as Requested: From: \_\_\_\_\_ To: \_\_\_\_\_
- Approved with Modification, as noted:
  - Modified Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
  - Other Modifications: \_\_\_\_\_

**TYPE OF REQUEST RECEIVED**

- Medical/Reasonable Accommodation\*
- Educational Leave
- Military Leave - Employee Request
- Military Leave - Spouse Request/Registered Domestic Partner Request
- Personal Leave

**YOUR RESPONSIBILITIES WHILE ON LEAVE**

You have the following responsibilities in conjunction with your approved Leave of Absence:

- Communicate regularly with your supervisor regarding any changes in your leave status.
- Ask your supervisor if you need to turn in your County equipment while on leave.
- Contact the Benefits Information Line at (951) 955-4981 to coordinate your benefit coverage while on leave. (Note: RSA Law Enforcement members should call RSA - Benefits Trust at (951) 653-8014.)
- If it becomes necessary for you to obtain additional leave time, you will be required to submit an additional Leave of Absence (LOA) Request. This LOA Request must be received **at least five work days prior to the expiration of your current Leave of Absence**, in order to allow time for processing and staff planning. Leave forms are available from your Department Representative or the Leave Forms and Information page on the HR website at [www.rc-hr.com/ForEmployees/Leaves](http://www.rc-hr.com/ForEmployees/Leaves). Please note that leave requests **are not automatically approved**.

**YOUR RETURN TO WORK**

**Important:** You are expected to return to work on: \_\_\_\_\_ . Additionally, you should be aware of the following:

- If you are on medical leave, you are required to present a return-to-work statement from your health care provider prior to being allowed to return to work.
- If your health care provider gives you temporary restrictions lasting 30 calendar day or less, please contact your department to inquire about any possible temporary, light-duty assignments or accommodations that may be available.
- If your health care provider gives you temporary restrictions lasting beyond 30 calendar days, please contact the individual named below as you may have a qualifying disability or medical condition which requires reasonable accommodation. Accommodation request forms can be obtained on the HR website at <http://dao.rc-hr.com/>.
- If you are a Public Safety Member or have sustained a work-related injury, you may be eligible for placement in the County's Return-to-Work Program. Please contact the individual named below for more information.

*\*The County of Riverside is committed to providing our employees reasonable accommodation as required under the Americans with Disabilities Act (ADA) and/or Fair Employment and Housing Act (FEHA). For more information, contact the individual named below or email [ADA@rc-hr.com](mailto:ADA@rc-hr.com).*

If you have additional questions, please contact \_\_\_\_\_ at ( \_\_\_\_ ) \_\_\_\_\_ or via email at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_