



TOWN OF NORWOOD PERSONNEL BOARD

#P-311 - UNPAID LEAVE POLICY

1. Purpose and Scope

- 1.1 The purpose of this document is to outline the Town's Unpaid Leave policy with respect to eligibility, benefits, use, and procedures and to ensure that leave benefits are implemented equitably and consistently.
- 1.2 Please see also the Town's Family Medical Leave Policy and other leave policies at www.norwoodma.gov. Click Committee/Boards, click Personnel Board, and click Town Personnel Policies.

2. Applicability

- 2.1 This policy applies to all full and part-time compensated positions excluding elected officials and employees of the School Department. Employees whose positions are covered by Civil Service Law or a collective bargaining agreement are subject only to those portions of the policy which are not specifically regulated by Civil Service law or by a collective bargaining agreement. To the extent permitted by law, employment agreements entered into after the effective date of this policy with employees whose positions are subject to this policy must follow all of the provisions of this policy.
- 2.2 This policy is intended to be consistent with any and all applicable laws. If any part of this policy is inconsistent with the law, that part of the policy shall be considered invalid, and the remaining provisions of the policy shall be construed so as to be consistent with the law.

3. Definitions

- 3.1 Please consult the Personnel Definitions Document (#D-100) regarding Appointing Authority, Regular Full-time Employee, Regular Part-time Employee, Intermittent Employee, Seasonal Employee, Intern, Volunteer, Temporary Employee and any other applicable terms utilized in this document.
- 3.2 Unpaid Leave – the term “Unpaid Leave”, as used in this policy, shall mean authorized unpaid time off from work for extraordinary circumstances.
- 3.3 Extraordinary Circumstances – the term “Extraordinary Circumstances” as used in this policy, shall define, through examples, acceptable instances for consideration of an unpaid leave by an Appointing Authority and HR Director, based on the needs of the business.
Acceptable Extraordinary Circumstances, which may be considered for an Unpaid Leave include, but are not limited to:
 - Pursuit of some form of education deemed to improve the employee's job related skills not achievable during off work hours.

- Family hardship where an employee requests to take time off for the care of a family member, not covered by another Town personnel policy or the law.
- Civic or Social service by providing assistance to people or places hit by an act of God like a severe tornado, earthquake, tsunami, or other severe weather related incidents.

4. Eligibility

- 4.1 Regular Full-time and Regular Part-time employees budgeted for and regularly scheduled to work at least 20 hours per week, are eligible for unpaid leave benefits.
- 4.2 Part-time employees budgeted for and regularly scheduled to work fewer than 20 hours per week, Intermittent/Seasonal/Temporary Employees, Interns, and Volunteers are not eligible for unpaid leave benefits.
- 4.3 Employees are not eligible to request an unpaid leave until after they have successfully completed their 90-day introductory period of employment.
- 4.3.a ***Exception:*** *In cases where an employee requests time-off from work due to the death of a relative indicated within the Bereavement Leave Policy [#P-307], the Department Head may grant an Unpaid Leave for up to the amount of days indicated in the Town's Bereavement Policy.*
- 4.3.b *If granted for Bereavement Leave purposes, all policy and provisions of the Town's Bereavement Policy will apply, except for being paid for days off granted.*

5. Policy

5.1 Unpaid Leave

- 5.1.a This policy does not grant any approval or right to an unpaid leave. This policy provides for the opportunity to request an unpaid leave, which approval shall be consistent with the needs of the business, as determined by the Town of Norwood.
- 5.1.b Before an employee may submit a request for an unpaid leave of absence for consideration, he or she must utilize any and all accumulated personal and vacation leave available to them.
- 5.1.c Eligible employees may request an unpaid leave of absence for extraordinary circumstances not otherwise covered by law or other Town personnel leave policies. The requesting employee must fill out and submit **Document #D-139-1 – Unpaid Leave Request** for such instances, including employees requesting the use of Bereavement Leave within their first 90-days of employment.
- 5.1.d During the time an employee is on an approved unpaid leave of absence, he or she does not accrue time related to vacation or sick leave benefits.
- 5.1.e It is strongly recommended that employees seek guidance from the Retirement Board regarding the potential loss of pension benefits related to any approved unpaid leave. The impact to an employee's creditable service is determined on the total unpaid leave (in weeks) over the course of your Town employment, not individual days.

- 5.1.f Unpaid Leave requests:
 - 5.1.f.i Unpaid leave requests first must be reviewed and recommended by the appropriate Department Head in advance of the actual leave.
 - 5.1.f.ii All unpaid leave requests must be approved in advance by the employee's Appointing Authority and the HR Director.
- 5.1.g Unpaid Leaves for 2 contiguous Work Weeks or More:
 - 5.1.g.i An employee on an approved unpaid leave for 2 continuous work weeks or more shall be required to pay the total (employee's portion and Town's portion) of the health and dental insurance premiums by submitting payment directly to the Town within 7 days of the first of the next month and weekly thereafter until employee has returned to work and has fully paid up his/her obligations to the Town of Norwood, through the HR Department.
 - 5.1.g.ii If payments are not received in a timely manner upon return to work by the employee, the Town shall have the ability to garnish the employee's wages to obtain the appropriate amounts owed.
- 5.1.h Length of Unpaid Leave requests
 - 5.1.h.i Initial unpaid leave requests may not exceed 12 weeks.
 - 5.1.h.ii Requests for longer than 12 continuous weeks must be resubmitted for review and approval after the initial 12 weeks of unpaid leave has been approved. Employees would fill out **Document #D-139-2 - Unpaid Leave Extension Request** for approval and also attach a copy of approved document #D-139-1, so as to show the related leave information.
- 5.1.i Be sure to consult with the Human Resources Director prior to your unpaid leave request submission.

5.2 Department Heads are required to act consistent with this policy.

5.3 In the event of an error or violation of this policy, either intentional or unintentional, Human Resources must be immediately informed. Human Resources will identify and make the proper correction(s). A violation of this policy, whether intentional or unintentional, will not change this policy, nor set a precedent in any future application of this policy.

6. Provisions

6.1 Employees shall use the appropriate attendance code when approved Unpaid Leave is utilized.

6.2 If there is a question of policy interpretation or intent or if there is an Extraordinary Circumstance needed for approval, etc. the Personnel Board shall be the final arbiter to the Appointing Authority and HR Director. The Personnel Board shall provide clarifying written communication with respect to consistent policy interpretation or definition, to the Appointing Authority and HR Director on **Document #D-140 – Unpaid Leave Clarification Request**. The Personnel Board clarification is not an approval or denial of an

Unpaid Leave request, which shall be based on the needs of the business and decided by the Appointing Authority and HR Director.

6.3 The decision of the Appointing Authority and HR Director is final.

6.4 If an Unpaid Leave Request is approved, the HR Department shall notify the Employee, Department Head, Appointing Authority and Retirement Board.

7. Applicable Statutes

This Section left intentionally blank

The following documents associated with and attached to this policy may change to meet the needs of the Town or new requirements of law. The Human Resources Director may make the necessary document changes without changing the intent or content of this policy. Please consult the Human Resources Department for the most current version:

- #D-139-1 - Unpaid Leave Request (Section 5.1.c)
 - #D-139-2 - Unpaid Leave Extension Request (Section 5.1.h)
 - #D-140 - Unpaid Leave Clarification Appeal (Section 6.2)
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PERSONNEL BOARD

For the Personnel Board: *David E. Hajjar* 10 / 19 / 2016
David E. Hajjar, chairman
Pat Riley, vice-chair
Willard Krasnow
John E. Taylor
Gregg Giambanco



**TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT**

#D-139-1 – UNPAID LEAVE REQUEST

[This form is to be utilized for the first 12 consecutive weeks of a request]

SECTION I: To Be Filled-out by Requesting Employee

Employee Name: _____ (Print) Date: ____ / ____ / ____

Title: _____ Department Head: Yes No

Department: _____ Full-time employee Part-time employee

Request: _____ continuous work days Requested start of Unpaid Leave: ____ / ____ / ____

Do you have Vacation Leave available? No Yes – if Yes, how many days available: _____

I am requesting an Unpaid Leave due to the death of a family relative - _____, but I am in my 90-day introductory period of employment w/o leave benefits. (father, mother, etc.)

Other reason for request: _____

I understand that during my unpaid leave of absence, I do not accrue time related to my vacation and sick leave benefits and that I should consult with the Retirement Board regarding any affect this unpaid leave may have on my pension benefits. I will consult HR regarding the premium payments (Town and me) of health and dental insurance, if the unpaid leave is longer than 2 continuous work weeks – Section 5.1.e of the policy.

Requesting Employee Signature: _____ *[send signed form to Dept. Head]*

If requesting employee is a Department Head, please submit this signed form to the appropriate Appointing Authority for completing Section III.

SECTION II: To Be Reviewed by the Department Head

I have reviewed the above request and make the following comments/recommendations:

- I concur that the indicated reason(s) for this request is/are consistent with the intention of the Town’s Unpaid Leave Policy and I provide my concurrence for the requested unpaid leave.
- I do not concur that the indicated reason(s) for this request are consistent with the intention of the Town’s Unpaid Leave Policy, nor meets the needs of the business and I recommend disapproval of this request.

Department Head Signature Print Name Date: ____ / ____ / ____

Department Head should forward this signed form to the appropriate Appointing Authority for consideration.

SECTION III: To Be Reviewed and Acted Upon by the Appointing Authority

As the Appointing Authority, I/we have reviewed the above employee Unpaid Personal Leave request and make the following decision:

Approved as submitted; Approved with the following conditions*: _____

Disapproved – please explain: _____

Appointing Authority Signature Print Name Date: ____/____/____
[If Approved, forward to the HR Director]
[If Disapproved, return to Dept. Head]

SECTION IV: To Be Reviewed and Acted Upon by the Human Resources Director

As the Human Resources Director, I have reviewed the above employee Unpaid Personal Leave request and make the following decision:

Approved as submitted and approved by the Appointing Authority;
 Approved with the following conditions*: _____

Disapproved – reason(s): _____

Human Resources Director Signature Print Name Date: ____/____/____

***Any indicated condition(s) shall not be in conflict with the current approved Town Unpaid Leave Policy. For non-Bereavement request, also indicate how the position will be covered during the leave duration.**

The originally signed form shall be placed within the employee's personnel file and a copy provided to the requesting Employee, the Department Head and Appointing Authority.



**TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT**

#D-139-2 – UNPAID LEAVE EXTENSION REQUEST

If the employee is requesting an Unpaid Leave for a period longer than 12 consecutive weeks, he/she must fill out the following and submit as appropriate, after receiving approval for the 1st 12 weeks. You must attach a copy of the initially approved Unpaid Leave Request Form #D-139-1.

SECTION V: To Be Filled-out by Requesting Employee

Request: _____ continuous work days Requested end of Unpaid Leave: ____/____/____

Reason for leave extension: _____

Requesting Employee Signature: _____ *[send signed form to Dept. Head]*

If requesting employee is a Department Head, please submit this signed form to the appropriate Appointing Authority for completing Section III.

SECTION VI: To Be Reviewed by the Department Head

I have reviewed the above request and make the following comments/recommendations:

- I concur that the indicated reason(s) for this unpaid leave extension request.
- I do not concur that the indicated reason(s) for this unpaid leave extension request.

Department Head Signature Print Name Date: ____/____/____

Department Head should forward this signed form to the appropriate Appointing Authority for consideration.

SECTION VII: To Be Reviewed and Acted Upon by the Appointing Authority

As the Appointing Authority, I/we have reviewed the above employee Unpaid Personal Leave extension request and make the following decision:

- Approved as submitted; Approved with the following conditions*: _____

Disapproved – please explain: _____

Appointing Authority Signature Print Name Date: ____/____/____
[If Approved, forward to the HR Director]
[If Disapproved, return to Dept. Head]

SECTION VIII: To Be Reviewed and Acted Upon by the Human Resources Director

As the Human Resources Director, I have reviewed the above employee Unpaid Personal Leave request and make the following decision:

- Approved as submitted and approved by the Appointing Authority;
- Approved with the following conditions*: _____

- Disapproved – reason(s): _____

Human Resources Director Signature Print Name Date: ____/____/____

***Any indicated condition(s) shall not be in conflict with the current approved Town Unpaid Leave Policy. Approval comments should also indicate how the position will be covered during the leave duration.**

The originally signed form shall be placed within the employee’s personnel file and a copy provided to the requesting Employee, the Department Head and Appointing Authority.



**TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT**

#D-140 – UNPAID LEAVE POLICY CLARIFICATION REQUEST

If the Department Head, Appointing Authority or Human Resources Director requests a policy interpretation or to understand policy intent or needs a decision on an acceptable Extraordinary Circumstance not listed in the policy, he/she must complete and submit the following.

SECTION I: To Be Filled-out by requesting individual

Name: _____ (Print) Date: ____/____/____

Title: _____ Dept./Board: _____

What is the nature of your policy clarification? Interpretation Intent Definition

Please indicate the specific question or clarification needed: _____

Requesting Individual Signature: _____ *[send form to Personnel Board]*

The Personnel Board, having met on _____, has reviewed the above stated issue and provides the following clarification for use in assisting those in need to better understand the Unpaid Leave Policy.

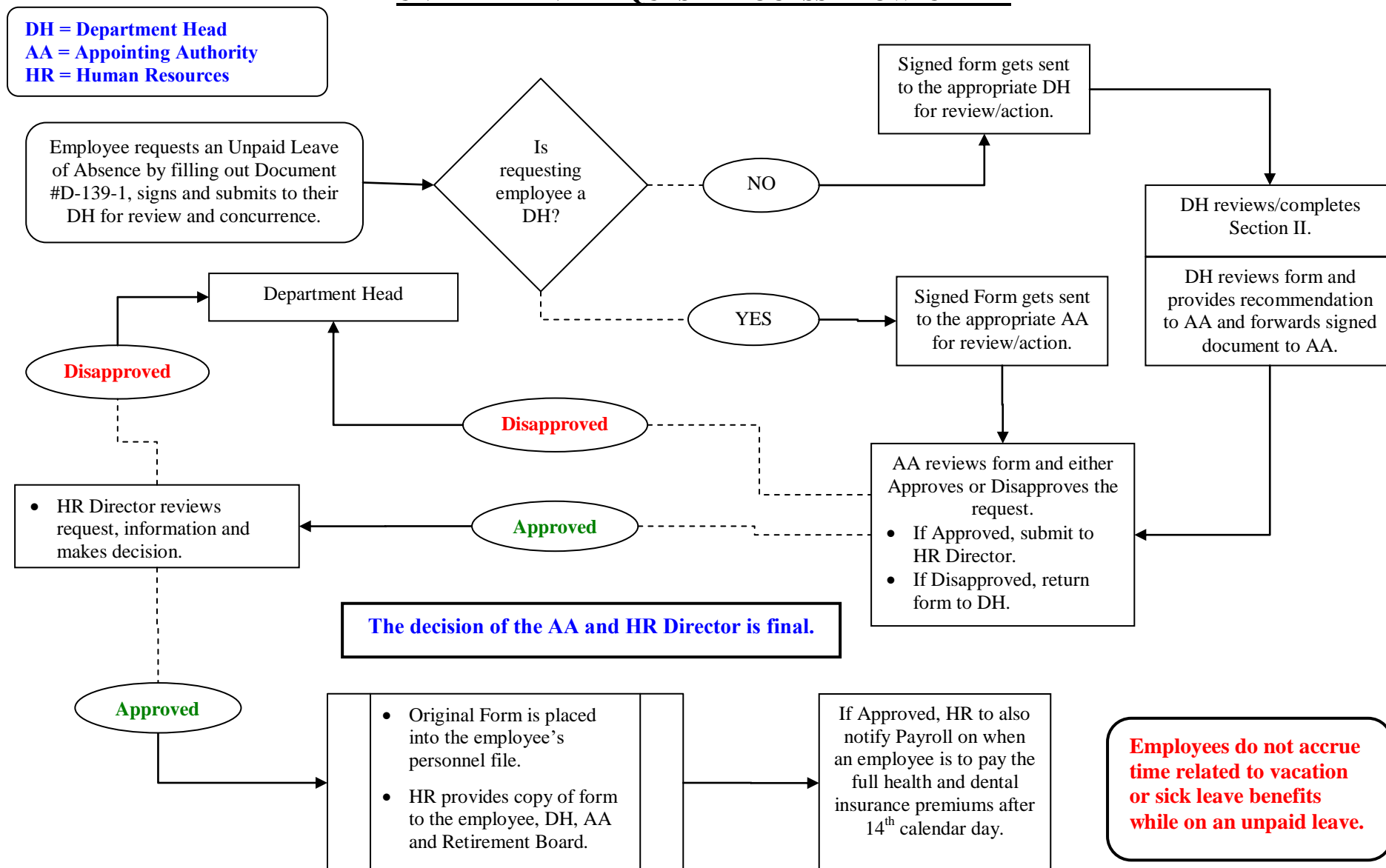
Please note that this information is not a decision on whether to grant or deny the unpaid leave request. That decision is to be made by the appropriate Appointing Authority and the HR Director.

PB Chairman or Vice-chair Signature Print Name Date: ____/____/____

Document was sent to _____ on ____/____/____

Copies of this document shall be sent to all parties involved with this unpaid leave request.

UNPAID LEAVE REQUEST PROCESS FLOW CHART



UNPAID LEAVE EXTENSION REQUEST PROCESS FLOW CHART

