**Leave of Absence**

Fill out the top half of this form to place an employee on a leave of absence. Use the bottom half of the form to return an employee from a leave of absence. Fields marked with an asterisk (\*) are required. For assistance filling out this form, please refer to the HR351 Managing Leaves of Absence (Paid and Unpaid) on the Cardinal website: cardinalproject.virginia.gov/job-aids.

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at vccc@vita.virginia.gov with "Cardinal" in the subject line.

*Please print legibly to prevent delay in processing.*

|  |
| --- |
| **Employee Information – Paid Leave** |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Paid Leave of Absence |
| Reason\* (Choose One) | [ ]  Administrative Leave [ ]  Education Leave [ ]  FMLA[ ]  LTD-W Conversion [ ]  Long-Term Disability-Working [ ]  STD-Worker’s Comp [ ]  Short-Term Disability-Working [ ]  Short-Term Disability  | [ ]  Medical - Traditional[ ]  Military Service[ ]  Organ Donor [ ]  Parental Leave [ ]  Personal[ ]  Workers Comp [ ]  Workers Comp-Traditional |
| STD Claim Number |  |
| Expected Return Date(MM/DD/YYYY) |  |

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| --- |
| **Employee Information – Unpaid Leave** |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Leave of Absence - Unpaid |
| Reason\* (Choose One) | [ ]  Education Leave [ ]  FMLA – EE Medical[ ]  FMLA – Family Member [ ]  Leave of Absence Personal [ ]  Military Service  | [ ]  Non-FMLA Medical[ ]  Non-FMLA Parental Leave[ ]  ORP – Long Term Disab [ ]  Workers Compensation  |
| STD Claim Number |  |
| Expected Return Date(MM/DD/YYYY) |  |

**Return from Leave**

|  |
| --- |
| **Return from Leave** |
| Employee ID\* |  |
| Effective Date\* |  |
| Employee Record\* |  |
| Action\* | Return From Leave |
| Reason\*  | Return From Leave |

**Terminations**

**Description:** Fill out this form to complete a termination. Mark the effective date to be **after** the employee’s last day worked (e.g., If their last day is Monday, the effective date should be Tuesday). Fields marked with an asterisk (\*) are required. For assistance filling out this form, please refer to the HR351 Separation Statuses job aid on the Cardinal website at [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at vccc@vita.virginia.gov with "Cardinal" in the subject line.

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|  |  |
| --- | --- |
| **Employee ID** | **Date Details** |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Termination |
| Reason\*(Choose One) | [ ]  COBRA POI Termination[ ]  Death[ ]  Resign Dissatisfied[ ]  Death with Dependent[ ]  Resign During Probation[ ]  Resign Family Reasons [ ]  Resign Health Reasons[ ]  Invol-Faculty Non-VPA[ ]  Layoff to Wage Job[ ]  Transfer to Locality [ ]  Layoff | [ ]  Termination - LTD [ ]  Termination – LTD Work Comp[ ]  Invol-Failure to RFL [ ]  Resign Relocation[ ]  Resignation[ ]  In Lieu of - Termination [ ]  Invol-Unsatisf Perf on Prob[ ]  Invol-Unable to Perform Duties [ ]  Resign Military Service[ ]  Invol-Violation of SOC [ ]  Transfer Out [ ]  Transfer Out – LOF Placement |

**Retirement**

Fill out this form to complete a retirement. Mark the effective date to be **after** the employee’s last day worked (e.g., If their last day is Monday, the effective date should be Tuesday). Fields marked with an asterisk (\*) are required. For assistance filling out this form, please refer to the HR351 Separation Statuses job aid on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at vccc@vita.virginia.gov with "Cardinal" in the subject line.

 *Please print legibly to prevent delay in processing.*

|  |  |
| --- | --- |
| **Employee ID** | **Date Details**  |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Retirement |
| Reason\*(Choose One) | [ ]  Disability Retirement [ ]  Enhanced Retirement[ ]  LOF SEV Service Retirement | [ ]  Retirement - ORP[ ]  Retirement in Lieu of LOF [ ]  Service Retirement  |