



**Administrative
Manual
DETAIL PROCEDURE**

SECTION

Personnel

SUBJECT

REQUESTING LEAVE OF
ABSENCE WITHOUT PAY

SAMPLE FORM APPENDED TO PROCEDURE

RESPONSIBILITY

ACTION

- . **Employee**
 1. Complete "Part I" of REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY (28-1418-5028). Forward form to appointing officer.
- . **Appointing Officer**
 2. Review request and note approval or disapproval by completing "Part II" of the request.
 - a.) If request disapproved, retain form in files. Inform employee of decision. Procedure ends here.
 - b.) If request approved and amount requested is 30 calendar days or less, retain form in files. Inform employee of decision. Proceed to Step 5.
 - c.) If request approved and amount requested is more than 30 calendar days, make 1 photocopy of form and retain in files.
 3. Have employee placed in an inactive payroll status by instructing payroll clerk to complete a CHANGE NOTICE (28-1618-5143 for Civil Service employees; 28-1428-5107 for non-Civil Service employees) [AM-205-4-5] with the following special entries:
 - . Annual Salary and Hourly/Daily Rate -- enter both amounts.
 - . Work Code -- Specify "9".
 - . Loc (location) -- Specify "999".
 - . Job Number -- Specify "zzz-zzzzz".
 - . Budget Account Number -- Specify "103" for the sub-object (last 3 digits of the account number).

ACTION

Personnel

SUBJECT

REQUESTING LEAVE OF
ABSENCE WITHOUT PAY

RESPONSIBILITY

ACTION

• **Appointing Officer
(continued)**

Forward request (original) and CHANGE NOTICE to Civil Service (for employees in the Classified Service only) or Payroll and Disbursements as applicable. For non-Civil Service employees proceed to Step 5.

• **Civil Service
Commission**

4. Review request and note approval or disapproval by completing "Part III" of the request.

a.) If request disapproved, make 2 photocopies of form and distribute as follows:

- . Original -- Agency.
- . Copy -- Employee.
- . Copy -- Civil Service files.

Destroy CHANGE NOTICE.

Procedure ends here.

b.) If request approved, make 3 photocopies of form and distribute, with CHANGE NOTICE, as follows:

- . Original -- Payroll and Disbursements.
- . Copy -- Agency.
- . Copy -- Employee.
- . Copy -- Civil Service files.

Appointing Officer

5. Notify payroll clerk of duration of approved leave in order that the following reports may be accurately completed:

- . PAYROLL ATTENDANCE REPORT [AM-204-16-1].
- . ATTENDANCE RECORD (28-1408-5151) [AM-204-17-1].

<p>SECTION</p> <p style="text-align: center;">Personnel</p>	<p>SUBJECT</p> <p style="text-align: center;">REQUESTING LEAVE OF ABSENCE WITHOUT PAY</p>
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<p>CITY OF BALTIMORE</p>		<p>REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY</p>																	
<p>TO BE COMPLETED BY EMPLOYEE</p>																			
<p>PART I</p>	<p>INSTRUCTIONS</p>																		
	<p>1. COMPLETE PART I 2. FORWARD FORM TO APPOINTING OFFICER 3. ASK APPOINTING OFFICER ABOUT PROCEDURE FOR REIMBURSEMENT.</p>																		
	<p style="text-align: center;">NOTE: YOUR POSITION MAY BE PERMANENTLY FILLED IF YOUR ABSENCE WILL EXCEED 30 CALENDAR DAYS.</p>																		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 30%;">SOCIAL SECURITY NO.</td> <td style="width: 20%;">JOB TITLE</td> <td style="width: 20%;"></td> </tr> <tr> <td>DEPT. NAME</td> <td>DEPT. CODE</td> <td>CLASS. CODE</td> <td>POSITION NO.</td> </tr> <tr> <td>DEPT. CODE</td> <td>PERIOD OF LEAVE OF ABSENCE</td> <td>START DATE</td> <td>END DATE</td> </tr> <tr> <td>REASON FOR LEAVE</td> <td colspan="3"></td> </tr> </table>			NAME	SOCIAL SECURITY NO.	JOB TITLE		DEPT. NAME	DEPT. CODE	CLASS. CODE	POSITION NO.	DEPT. CODE	PERIOD OF LEAVE OF ABSENCE	START DATE	END DATE	REASON FOR LEAVE			
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<p>TO BE COMPLETED BY APPOINTING OFFICER AND ADMINISTRATIVE OFFICIAL, PER OFFICE</p>																			
<p>PART II</p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REASON FOR DISAPPROVAL</p>																		
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<p>CIVIL SERVICE USE ONLY</p>																			
<p>PART III</p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REASON FOR DISAPPROVAL</p>																		
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• **Form Number:** 28-1418-5028
 • **Type:** Single Sheet
 • **Size:** 8 1/2" x 11"

• **Order Unit:** Specify "Each"
 • **Quantity of Forms per Order Unit:** 1 Sheet

To order, prepare a WAREHOUSE REQUISITION (28-1458-5129) (AM-302-1-1) specifying Warehouse Division 02, and citing the above information.

01-15-1954

TO: SAC, NEW YORK
FROM: SAC, CHICAGO

RE: MURKIN

SEARCHED		INDEXED	
SERIALIZED		FILED	
JAN 16 1954			
FBI - NEW YORK			
<p>CHICAGO TELETYPE TO NEW YORK JANUARY 15, 1954.</p> <p>RE: MURKIN (NY 100-44117).</p> <p>RE: [REDACTED]</p>			
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