

PERSONNEL
EXTENDED LEAVE WITHOUT PAY

Extended Leave Without Pay Employer Response

On _____ you advised us that you were requesting extended leave under File Code GO/4154 beginning on _____ and ending on _____ . The reason for the leave is _____ .

This is to inform you that:

1. You will will not be required to submit a physician's statement of treatment, as described in GO/4153.1R, in connection with your request for extended leave. You must submit this statement by _____, or consideration of your request for leave may be delayed.
2. You are are not being granted extended leave under File GO/4154.
3. You will will not be required to pay the cost of your group health insurance benefits while on extended leave pursuant to GO/4154.
4. You will will not be required to furnish us with periodic reports of your status and intent to return to work. If the circumstances of your leave change and you wish to return to work earlier than the date noted above, you will will not be required to notify us at least five work days prior to the date you wish to report for work.
5. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.