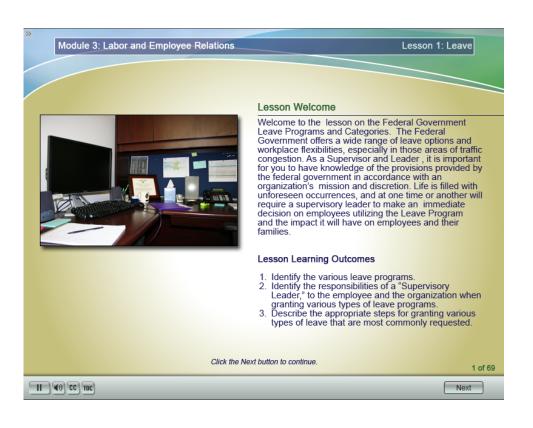
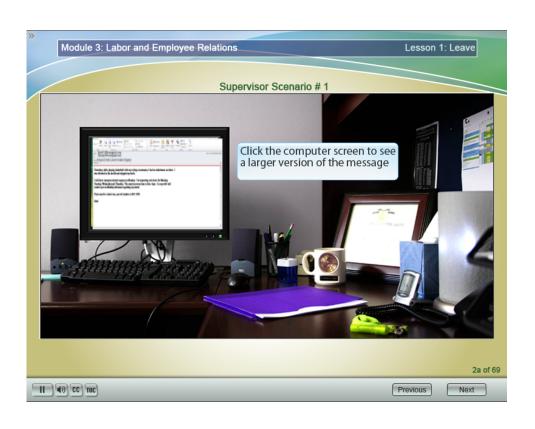
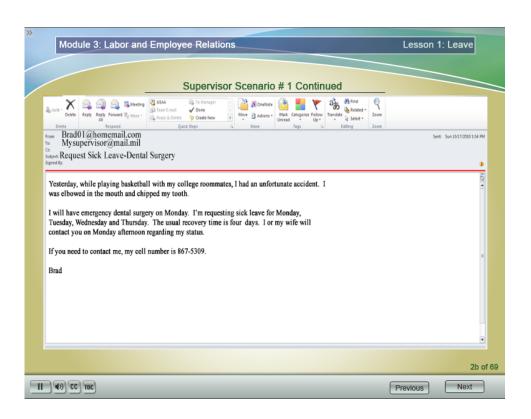
AMSC Supervisor Development Course Army Management Staff College, Fort Belvoir, VA Module 3: Labor and Employee Relations Lesson 1: Leave

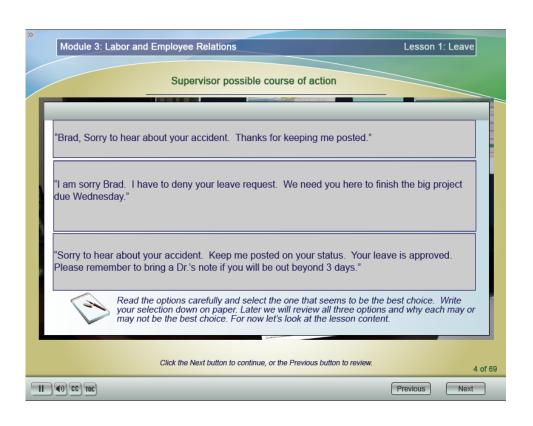
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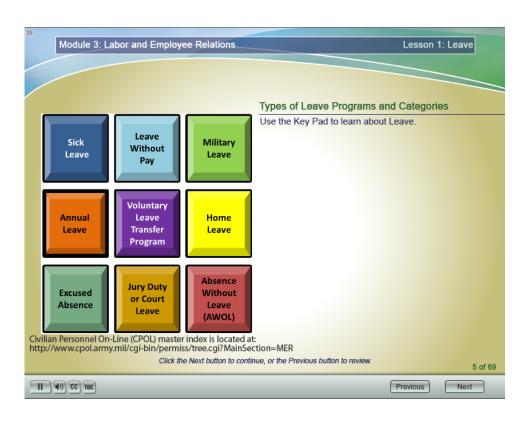


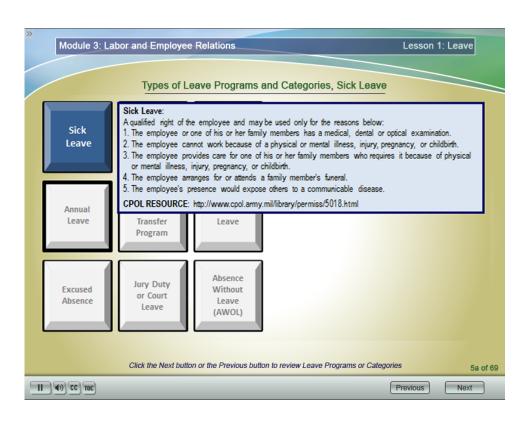


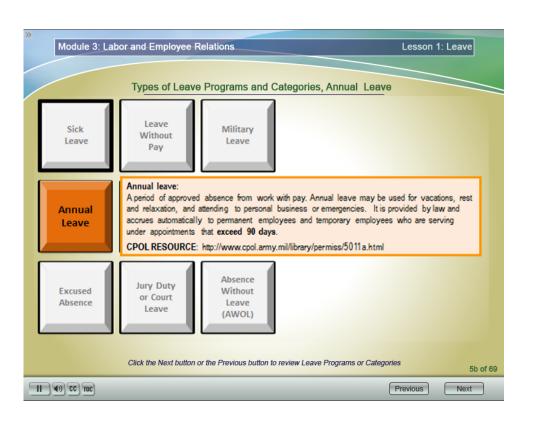


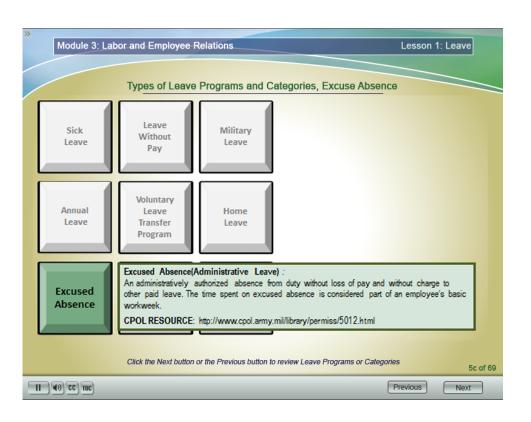


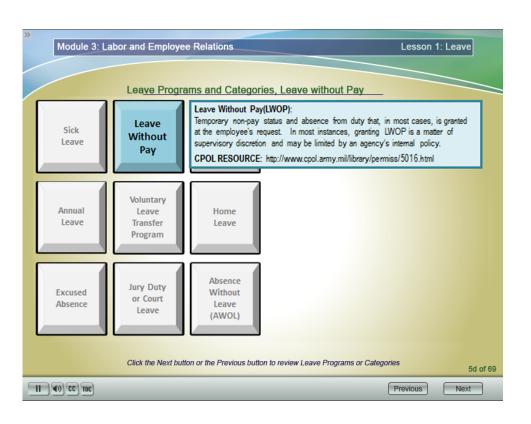


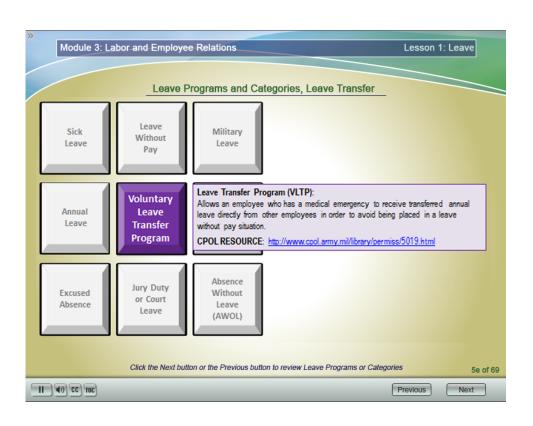


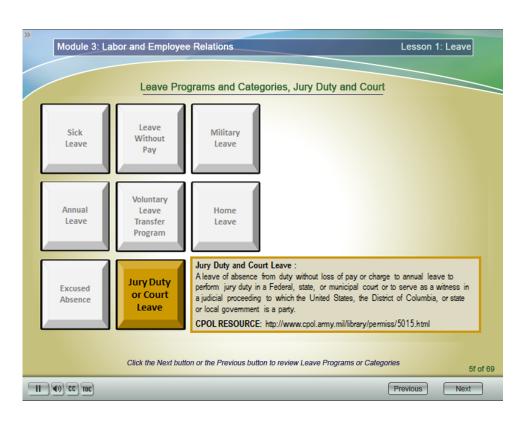


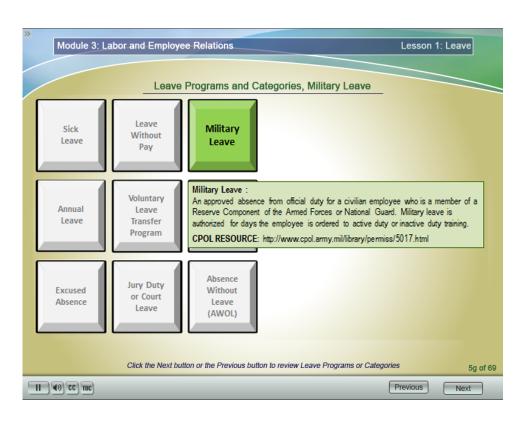


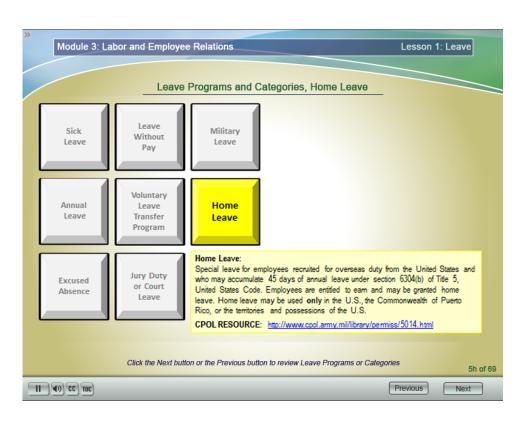


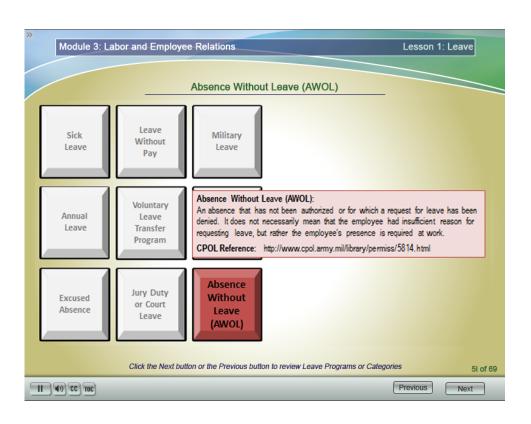


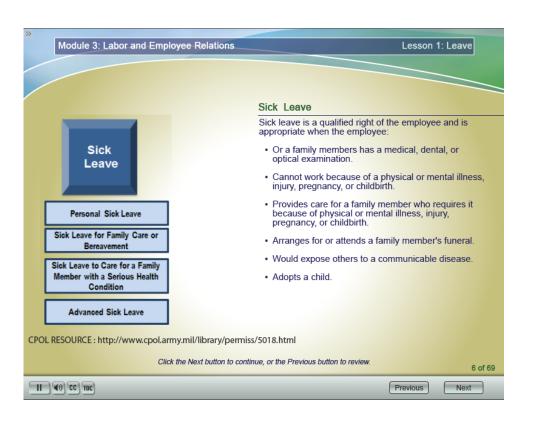


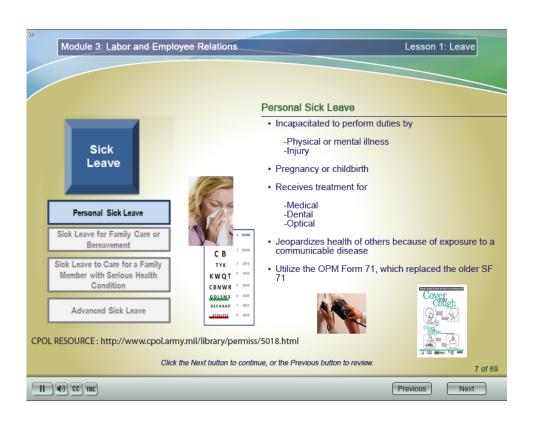


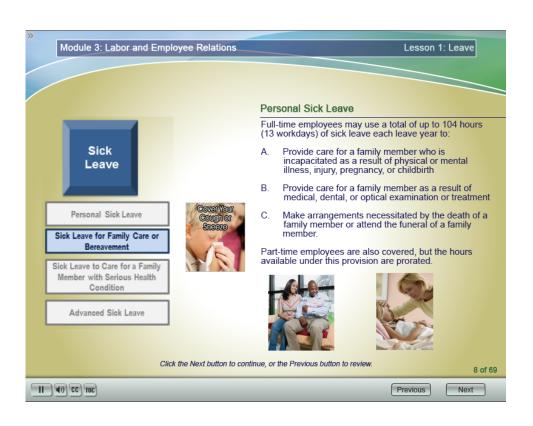


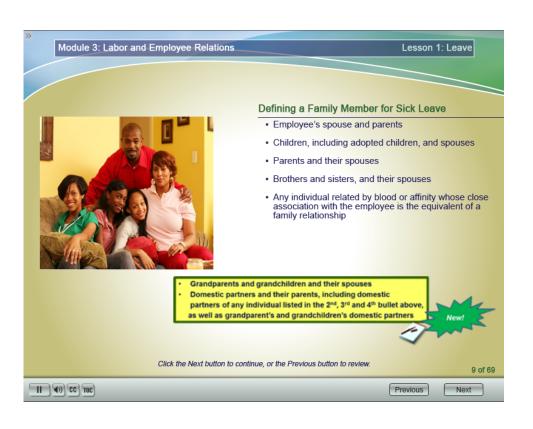


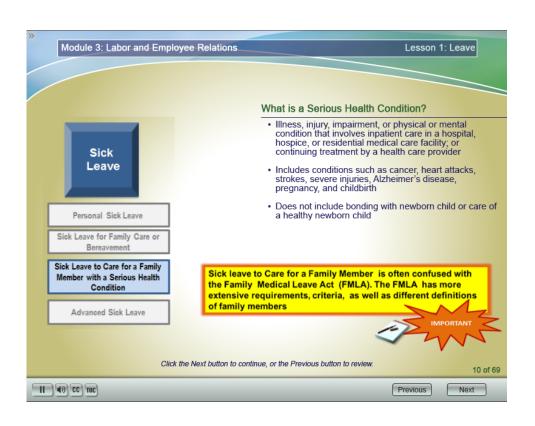


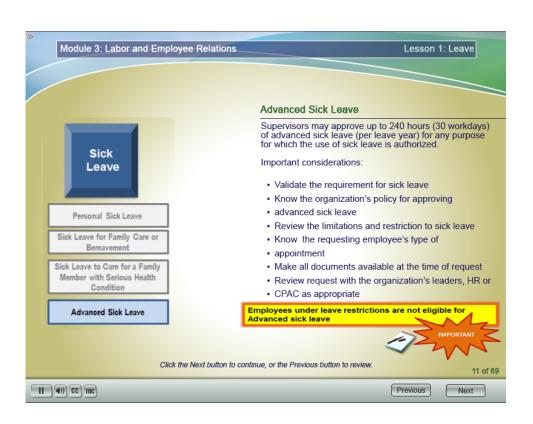










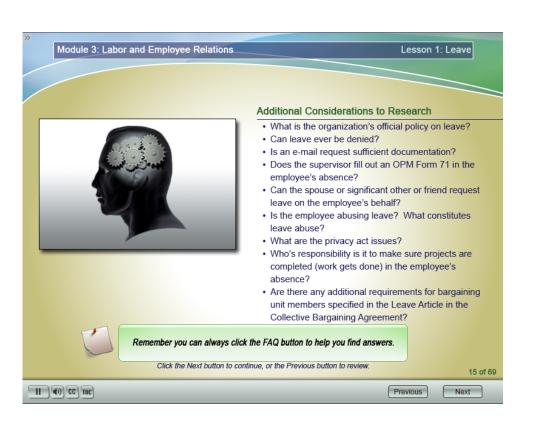


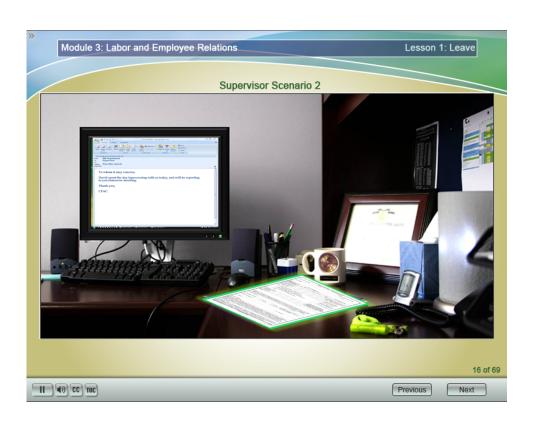
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(a) CC TOC		Previous Next

Request for Leave or A 1. Name (Last, first, middle)			2. Emp	Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN))			
3. Organization							
4. Type of Leave/Absence	Date Time			ime	Total	5. Family and Medical	
(Check appropriate box(es) below)			From			Leave	
Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used	
Restored Annual Leave						under the Family and Medical Leave Act of 1993, please provide	
Advanced Annual Leave						the following information: I hereby invoke my	
Accrued Sick Leave						entitlement to Family and Medical Leave for:	
Advanced Sick Leave						and Medical Leave for: Birth/Adoption/Foster Care	
Purpose: Illness/injury/incapa	l examinati	on of requesting	employee	ation of family		Serious health condition of spouse, son, daughter, or parent	
□ Care of family member, including medical/dental/optical examination of family member, or bereavement □ Serious health condition of self							
Care of family memb	er with a se	rious health con	dition			Contact your supervisor and/or your personnel office to obtain additional information about your	
Compensatory Time Off						entitlements and responsibilities under the Family and Medical	
Other Paid Absence (Specify in Remarks)						Leave Act. Medical certification of a serious health condition may be required by your agency.	
Leave Without Pay		_					
6. Remarks:							
requested for the purpose(s) indicat approved absence (and provide addi be grounds for disciplinary action, in 7a. Employee Signature	tional docur	nentation, includ	t comply with m ling medical cer	y employing a tification, if re	gency's pro quired) and 7b. Date	I that falsification on this form may	
8a. Official Action on Request: Approved Disapproved					(If disapproved, give reason. If annual leave, initiate action to reschedule.)		
8b. Reason for Disapproval: 8c. Supervisor Signature					8d. Date		
Section 6311 of Title 5, United States Co- office is approve and necessity of the co- office is approve and necessity as the convenient of the co- compensation regarding a bit convected of commentation of the color of the co- compensation of the color of the color of commentation of the color of the color of commentation of the color of public Law 1014-15 (April 78, 1999) regarding purposes the color of public Law 1014-15 (April 78, 1999) regarding purposes the color of purposes the color of purposes pu	reave. Addition injury or illner ederal, State, when conduct nation is requires that any res that any , Section 770 . If your agen	collection of this is all disclosures of it is; to a State uner or local law enfor mg an investigatio ined for evaluation berson doing busing the cy uses the informe purposes. Local Re	he information ma nployment compe- coment agency will in for employment of leave administ less with the Fede social security nur	rimary use of the Dep sastion office re- ten your agency or security reas ration; or the G rall Government tiber, as well as a this form for p	partment of it garding a cla becomes aw ons; to the C eneral Servic furnish a so other data, it	abor when processing a claim for imp; to Federa Life Insurance or Health are of a violation or possible violation of Office of Personnel Management, or the es Administration in connection with its dall security number or tax identification is voluntary, but failure to do so may	



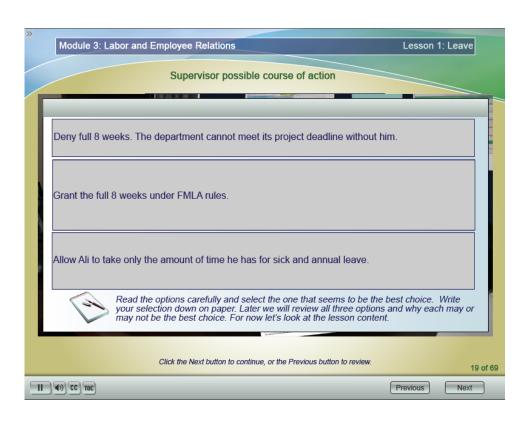


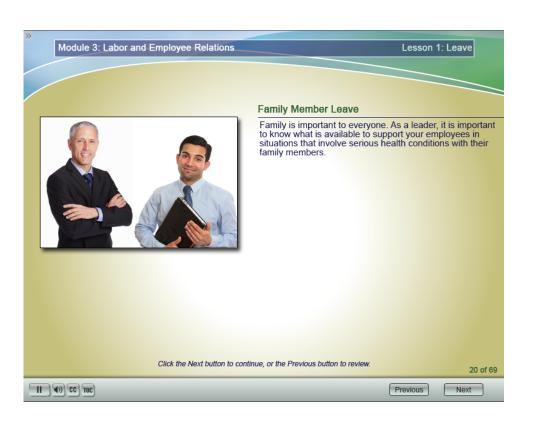






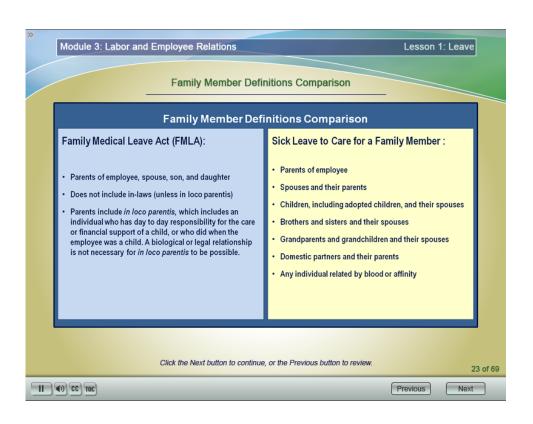


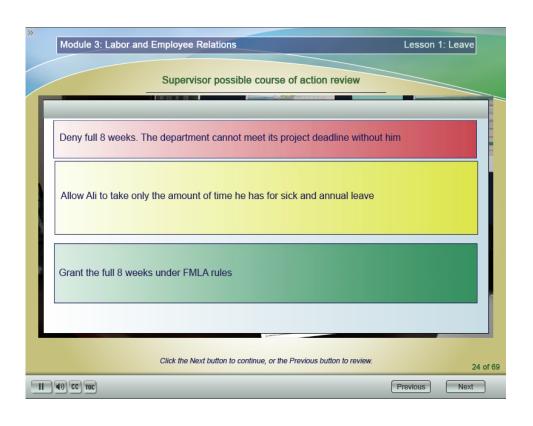


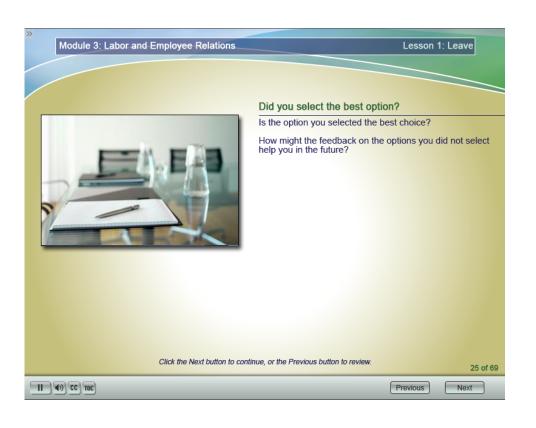


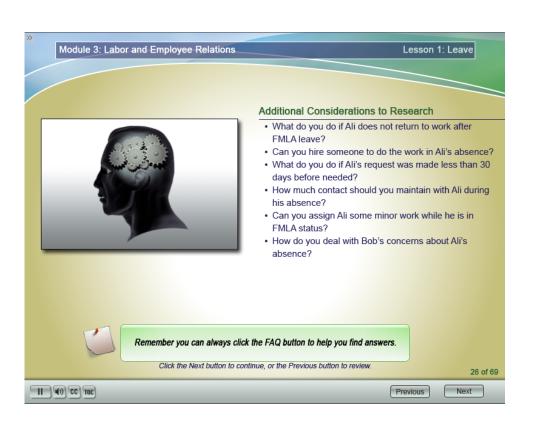
Module 3: Labor and Employee Relations Lesson 1: Leave Family and Medical Leave Act (FMLA) of 1993 SEC. 2. FINDINGS AND PURPOSES. The two key purposes of FMLA are to: FINDINGS.--Congress finds that-- Balance the demands of the workplace with the needs . the number of single-parent households and two-parent of families, promote the stability and economic security households in which the single parent or both parents work is of families, and promote national interests in reserving increasing significantly; family integrity · it is important for the development of children and the family Entitle employees to take reasonable leave for medical unit that fathers and mothers be able to participate in early reasons, for the birth or adoption of a child, and for the childrearing and the care of family members who have serious care of a child, spouse, or parent who has a serious health conditions; health condition · the lack of employment policies to accommodate working parents can force individuals to choose between job security and · there is inadequate job security for employees who have serious health conditions that prevent them from working for temporary periods; · due to the nature of the roles of men and women in our society, the primary responsibility for family caretaking often falls on women, and such responsibility affects the working lives of women more than it affects the working lives of men; and · employment standards that apply to one gender only have serious potential for encouraging employers to discriminate against employees and applicants for employment who are of that gender. Click the Next button to continue, or the Previous button to review. 21 of 69 II (1) CC TOC Previous Next

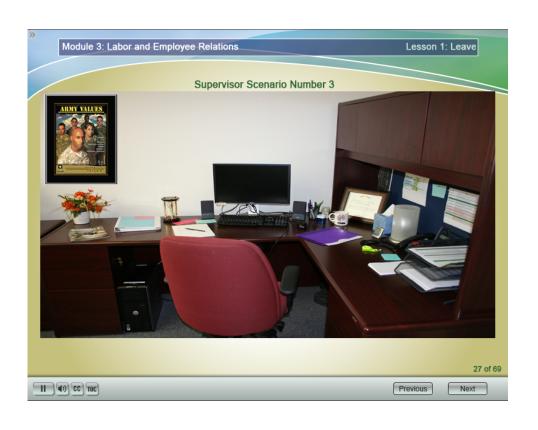


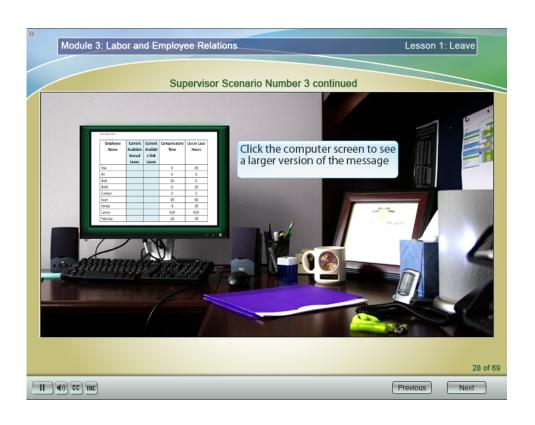


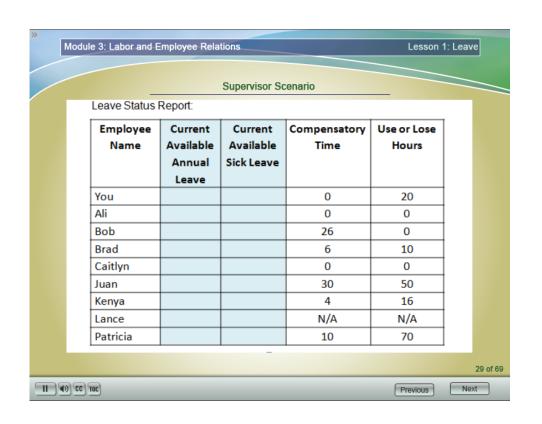




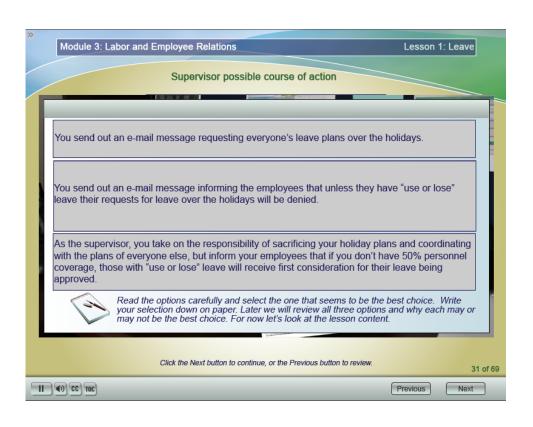




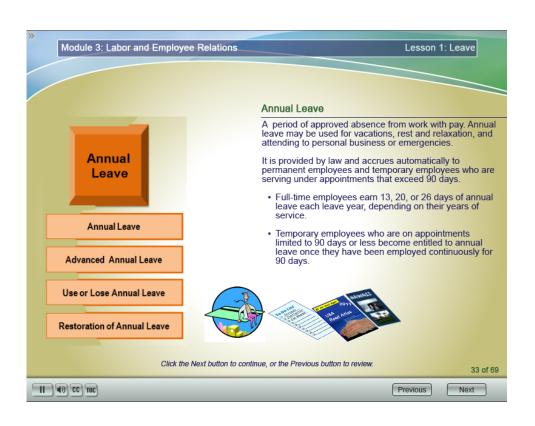


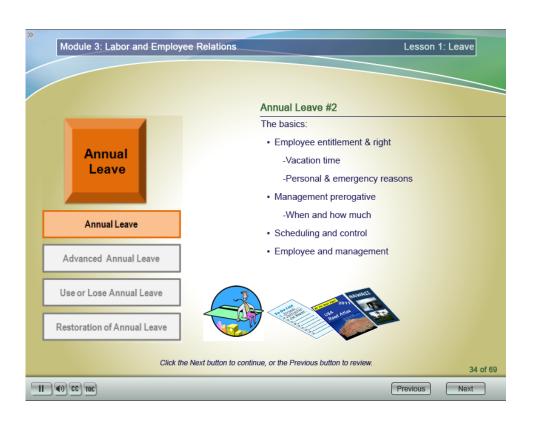


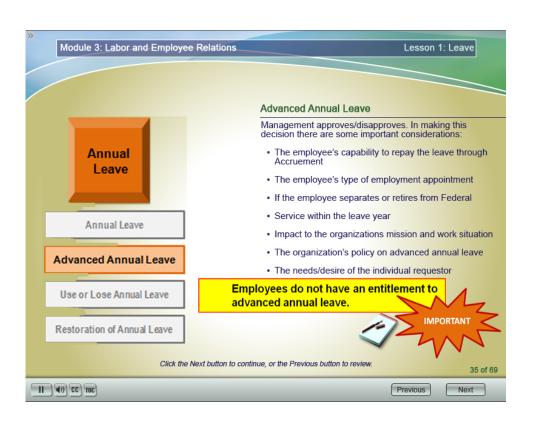




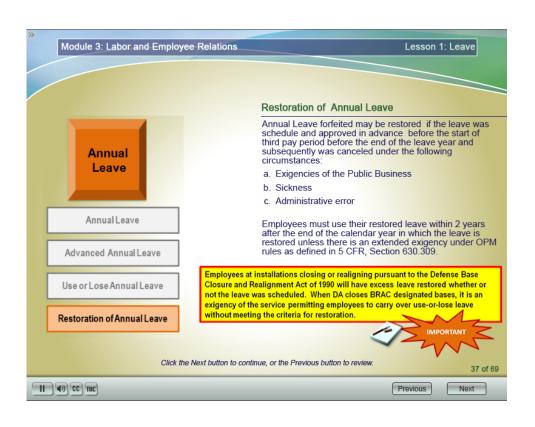


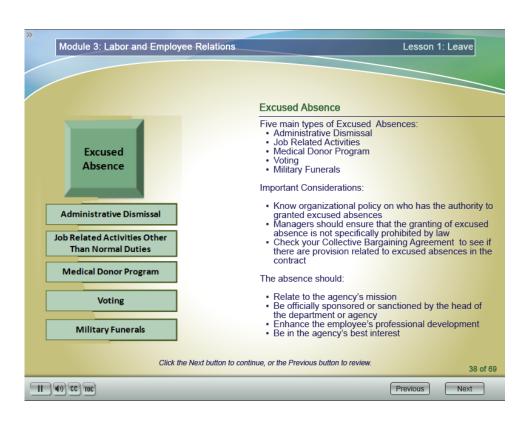


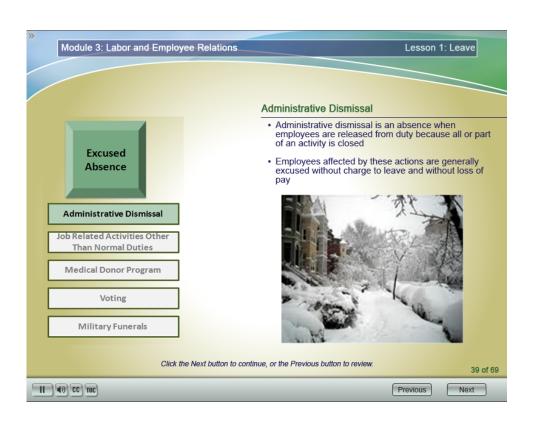


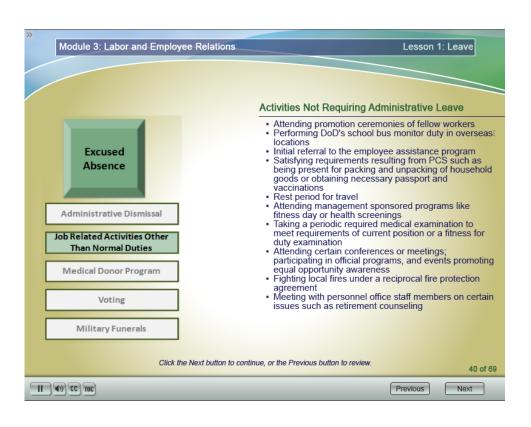


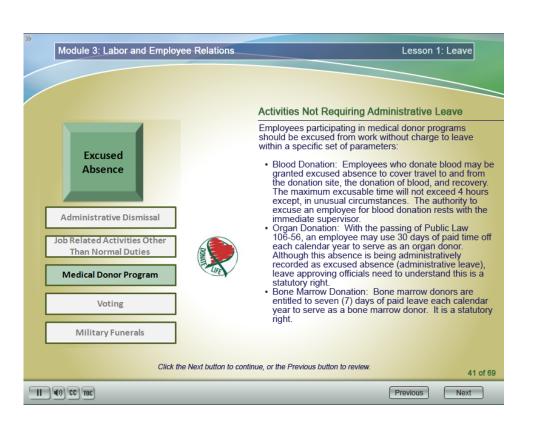


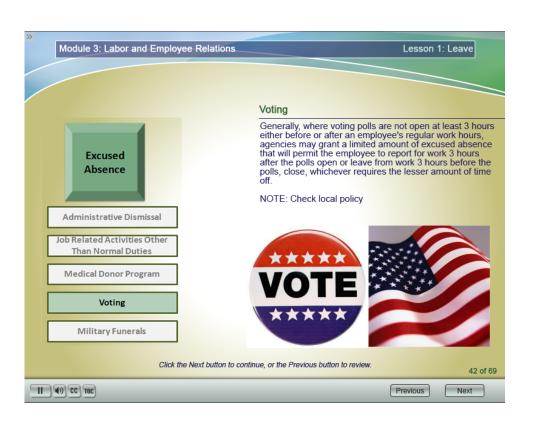


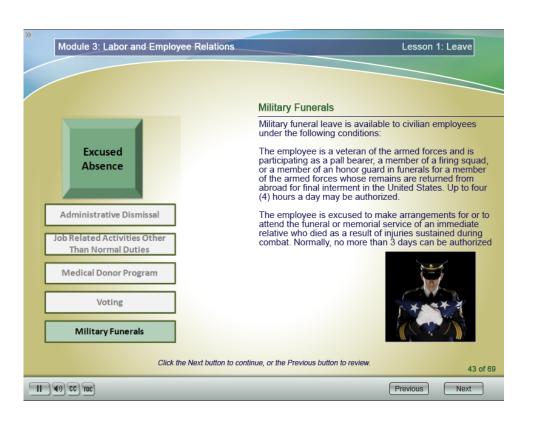


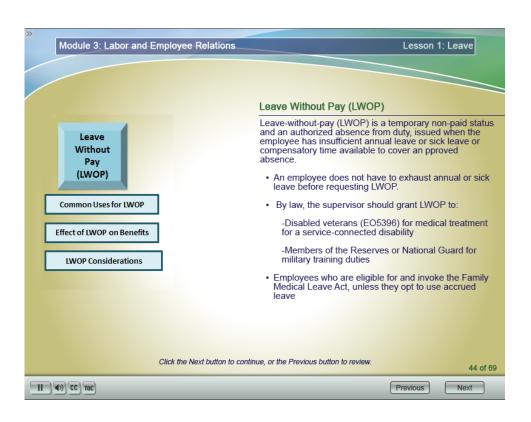


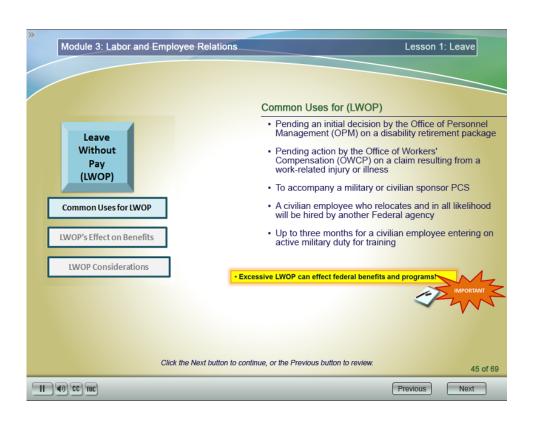


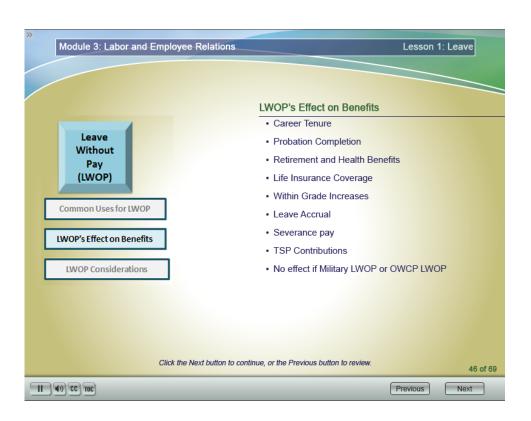


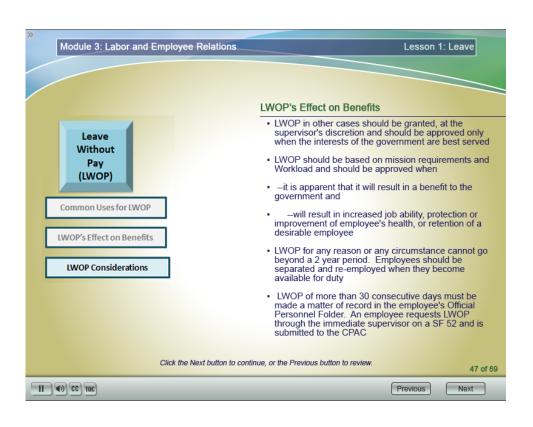


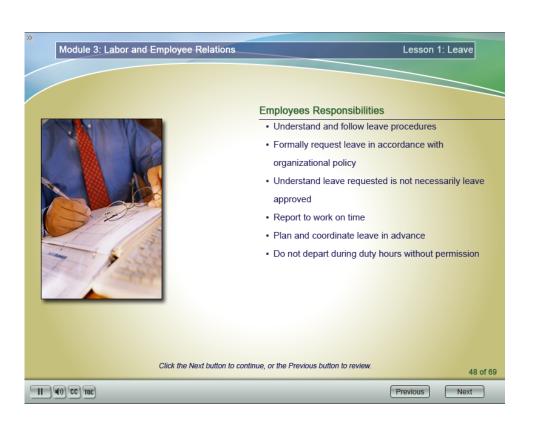


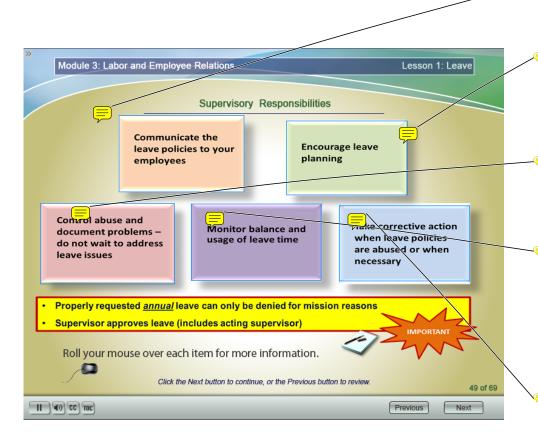












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Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

Effective management and control of leave can be accomplish through clearly informing employees of specific organizational policies and OPM guidelines regarding request for leave.

Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

Know when you as a supervisor can approve leave and when you should not approve leave.

Be fair and consistent

Discuss leave planning with your employees

Know your resources for additional information on unusual or new situations

Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

Act on leave requests personally and respond in a timely manner

Deny leave only for mission related reasons

Control abuse - ask questions

Document, document, document!!

Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

Know where you can get leave balances information (Consult your HR authority)

Supervisor (includes acting supervisor) approves leave

Request input from employees on their leave plans

Deny leave only for mission related reasons

Document, document, document!!

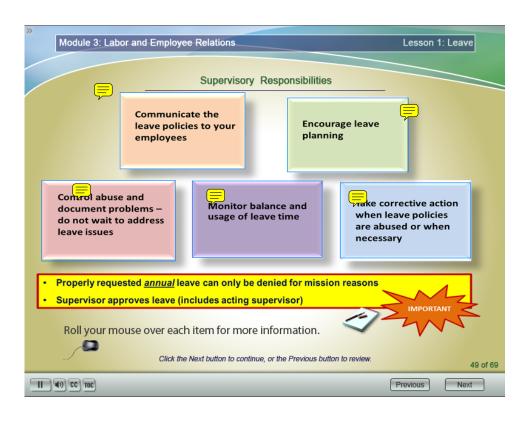
Explain leave being granted may depend on mission requirements and the nature of the leave.

Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

It is the supervisors job to control leave abuse. Talk to your leaders and HR resources if you suspect abuse.

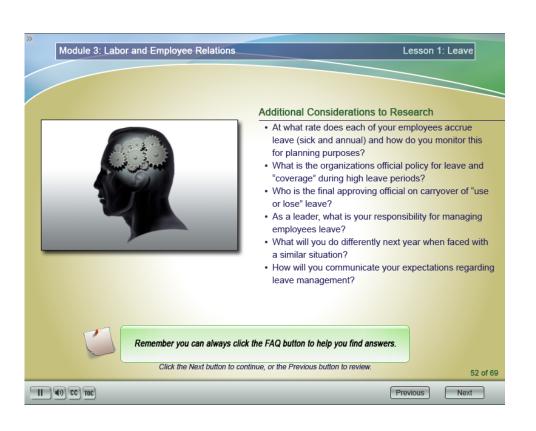
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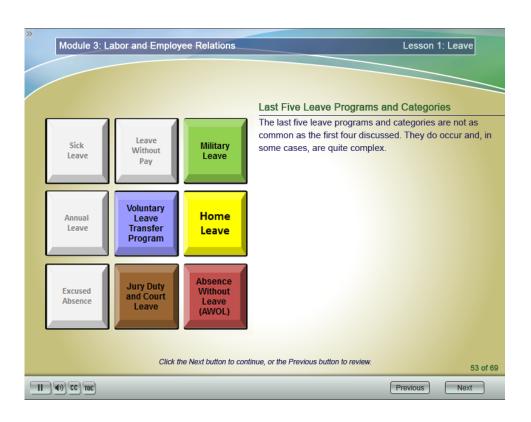
Comments from page 61 continued on next page



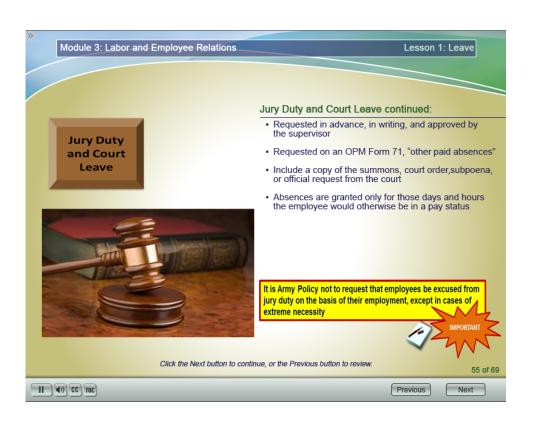


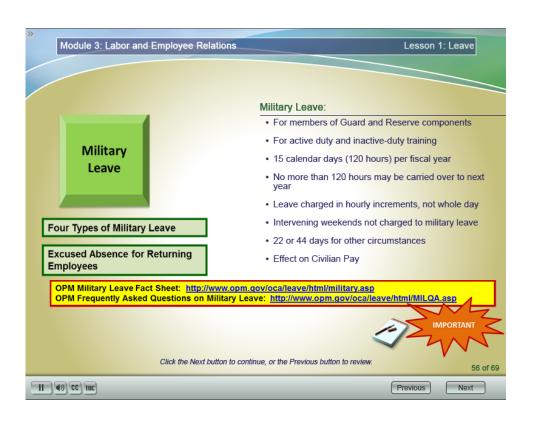




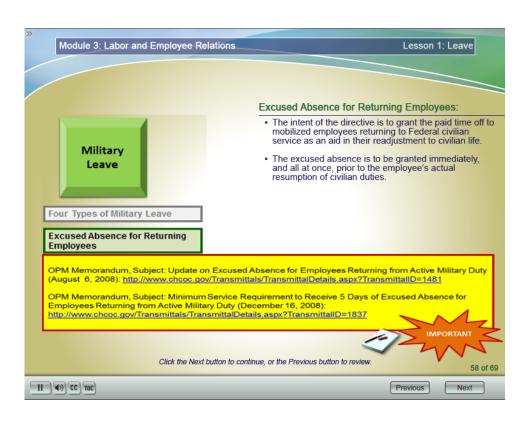


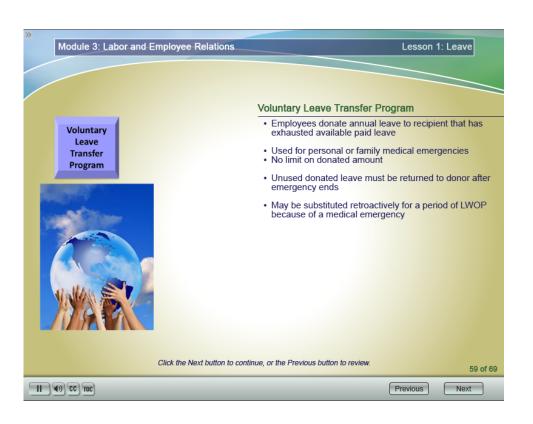


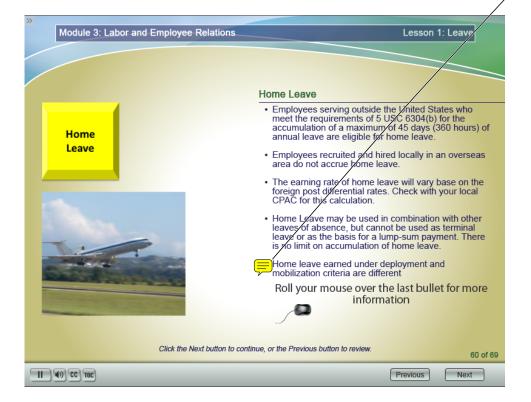








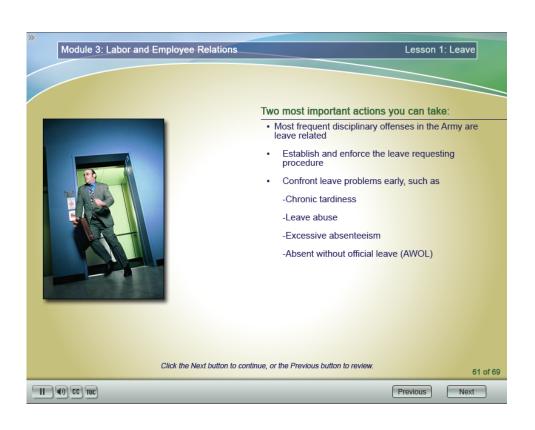




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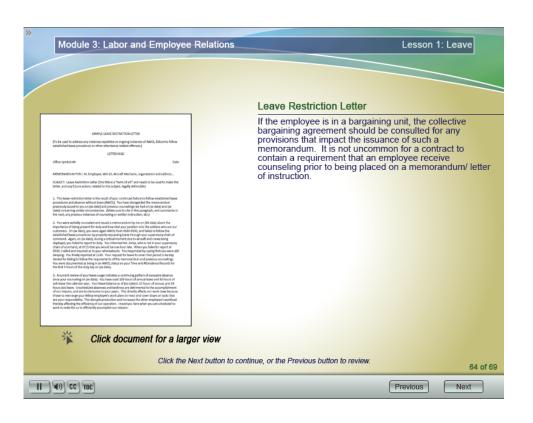
Author: AMSC Subject: Sticky Note Date: 9/7/2011 1:38:57 PM

Provides, for DoD employees officially assigned to Iraq or Afghanistan for a tour of at least 12 months by means of Temporary Duty (TDY), Temporary Change of Station (TCS) or Permanent Change of Station (PCS) entitlement to earn home leave at the rate of 15 days per 12 months. Under this new authority, DoD employees are not required to complete the basic one-time service requirement of 24 months continued service abroad specified in Title 5 Code of Federal Regulations (CFR), 5 CFR 630.606 in order to earn the home leave, nor are they required to be eligible to accumulate a maximum of 45 days of annual leave under 5 U.S.C. 6304 in order to earn the home leave. Earned home leave can be granted only after completion of the 12 month service period and only if the employee is expected to return to service abroad to Iraq or Afghanistan or to another overseas location upon completion of the home leave period. Home leave granted under this authority is not granted unless it is expected that the employee will return to service abroad.









SAMPLE LEAVE RESTRICTION LETTER

(To be used to address any instances repetitive or ongoing instances of AWOL, failure to follow established leave procedures or other attendance related offenses.)

LETTERHEAD

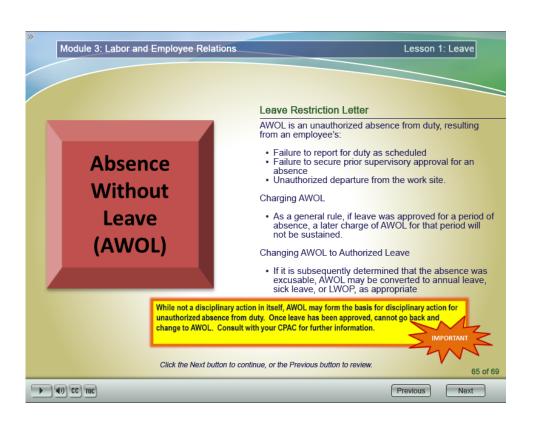
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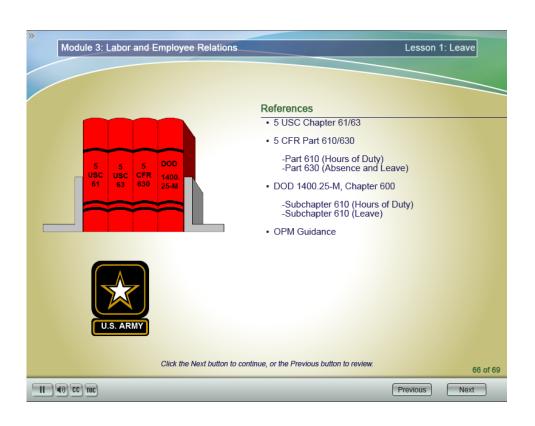
Date

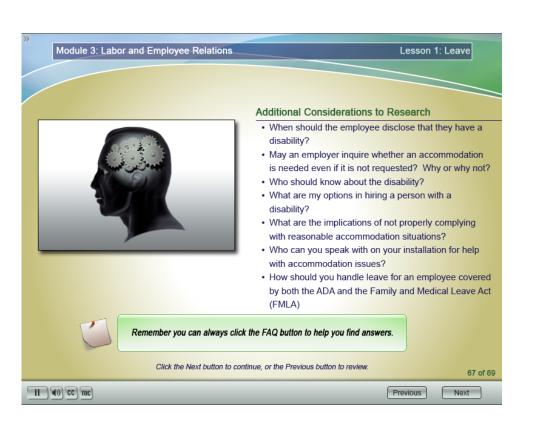
MEMORANDUM FOR I. M. Employee, WG-10, Aircraft Mechanic, organization and address..

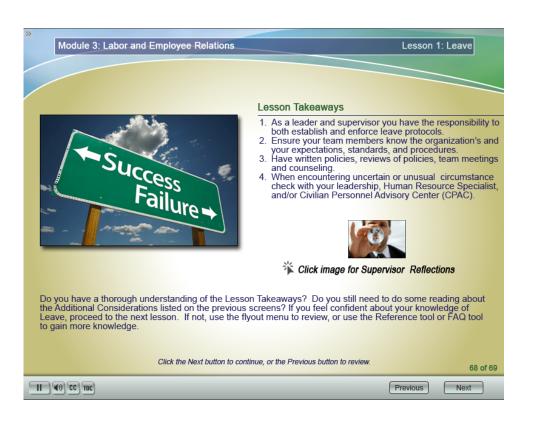
SUBJECT: Leave Restriction Letter (this title is a "term of art" and needs to be used to make this letter, and any future actions related to this subject, legally defensible)

- This leave restriction letter is the result of your continued failure to follow established leave procedures and absence without leave (AWOL). You have disregarded the memorandum previously issued to you on (ox date) and previous counselings we had on (ox date) and (ox date) concerning similar circumstances. (Make sure to cite in this paragraph, and summarize in the next, any previous instances of counseling or written instruction, etc.)
- 2. You were verbally counseled and issued a memorandum by me on DX date) about the importance of being present for duty and how vital your position is to the soldiers who are our customers. On (xx date), you were again AWOL from 0630-0930, and failed to follow the established leave procedures by properly requesting leave through your supervisory chain of command. Again, on (xx date), during a critical moment due to aircraft and crews being deployed, you failed to report to duty. You informed Mr. Jones, who is not in your supervisory chain of command, at 0715 that you would be one hour late. When you failed to report at 0930, I called and inquired as to your whereabouts. You responded by saying that you were still sleeping. You finally reported at 1145. Your request for leave to cover that period is hereby denied for failing to follow the requirements of the memorandum and previous counselings. You were documented as being in an AWOL status on your Time and Attendance Records for the first 5 hours of the duty day on tox date).
- 3. A current review of your leave usage indicates a continuing pattern of excessive absence since your counseling on (xo date). You have used 159 hours of annual leave and 38 hours of sick leave this calendar year. Your leave balance as of (xx date) is 15 hours of annual, and 28 hours sick leave. Unscheduled absences and tardiness are detrimental to the accomplishment of our mission, and are burdensome to your peers. This directly affects our work crew because I have to rearrange your fellow employee's work plans to react and cover down on tasks that are your responsibility. This distrupts production and increases the other employee's workload thereby affecting the efficiency of our operation. I need you here when you are scheduled to work in order four to sto efficiently accomplish our mission.









Supervisor Reflections

- · Coordinate with HR and CPAC
- Ensure you have the most current regulations and local guidance
- Review the leave policies with your team members
- · Ensure you have the most current forms
- Review leave process and protocols with new employees
- Use PERMISS and other reference material
- Approve routine sick and annual leave requests, and special leave requests as appropriate
- Provide explanation and/or information relating to disapprovals

