

**Monmouth County
Division of Benefits & Workforce Wellness**

Monmouth County Board of Commissioners

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Employee Paid Leave Accrual Review For:

Employee approved for FMLA/ Leave of Absence: _____

Current dates Employee is approved for Leave of Absence (these are subject to change depending on the leave):

_____ to _____

If the leave is intermittent, please provide the approved frequency: _____

Is the employee using accrued vacation time during their leave of absence? (circle one) **Y** **N**

Employees Accruals at time of the leave start date:

_____ hours sick

_____ hours personal

_____ hours vacation*

**Please complete this line even if employee is not using vacation time while out on leave or is taking time intermittently.*

Based on the information given at the time, will the employee go unpaid at any time of this leave period?

(circle one) **Y** **N**

If yes, based on the available accruals and the leave of absence, the employee is estimated to go into an unpaid status

as of _____ (date)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Timekeeper Signature _____ Date _____

Please send completed form to the Benefits & Workforce Wellness Leave Unit once completed.

If you have any questions, please contact Anna Chamberlain, Leave & Benefits Coordinator at anna.chamberlain@co.monmouth.nj.us or at (732)431-7300 extension 7737.