**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](mailto: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) |  | |

|  |  |  |
| --- | --- | --- |
| **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](mailto: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\* | 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](mailto: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 |