

Section/Number: Leave Management–013	Approval Date: (DD/MM/YY)
Subject: Travel Time for Medical Leave	Amendment Dates:
<p>Policy</p> <p>The Community Government will provide employees on approved medical travel with leave with pay for Medical Travel Time.</p>	
<p>Definitions</p> <p>N/A</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> 1. The Senior Administrative Officer (SAO) will approve up to three (3) days of Medical Travel Time between the employee’s place of residence and his/her point of departure and his/her return. <ol style="list-style-type: none"> 1.1. Medical Travel Time is not earned. 1.2. Medical Travel Time is for the actual travel time involved. 1.3. Medical Travel Time is not granted for escort duty. 1.4. A copy of the medical referral is required before Medical Travel Time is approved. 2. Employees will apply for Medical Travel Time using an Application for Leave Form. <ol style="list-style-type: none"> 2.1. A copy of the medical referral must be attached. 3. The SAO will approve the request for Medical Travel Time of up to three days for the travel from the place of residence to the point of departure and return. 4. The Leave Form will be placed on the employee’s Leave File. 	
<p>Attachments</p> <p>Sample Leave Form</p>	
<p>References</p> <p>N/A</p>	

Sample Leave Form

Leave of Absence Request Form

Employee Name: _____

Date: _____

Type of Leave Requested: _____

Start Date/Time of Leave: _____

Return to Work Date/Time: _____

Verification of Leave Credits: _____

Employee Signature: _____

Supervisor Signature: _____

Senior Administrative Officer Approval: _____

(If leave is denied, Senior Administrative Officer will advise in writing.)