

CITY OF CLARKSVILLE
Expiration of Leave without Pay
Notification

Employee Name			Date
Last	First	MI	
Employee Mailing Address			Employee Social Security Number
City	State	Zip Code	

Attached is a copy of the payroll transaction which indicates your approved leave without pay has expired. According to our records you have been on leave without pay since _____, (mm/dd/yyyy), therefore exceeding your period of eligibility. If you are able to return to work at a later date, re-application should be made through Job Services at Career Center.

If eligible for continuation of your health insurance coverage while in a separated status through the provisions set forth by the Consolidated Omnibus Budget Reconciliation Act (COBRA), a form will be mailed under separate cover to your home address. Should you have any questions regarding your COBRA continuation rights, contact the HR Benefits Representative.

HUMAN RESOURCES REPRESENTATIVE:

 Name (Printed)

 Signature

() _____
 Phone Number

 Date

Attachment(s)

Distribution:
 Original - Employee
 Copy - Unit/Department Personnel File, Payroll Section