**PERSONAL LEAVE POLICY**

**PURPOSE**

Personal leave is intended to provide support during challenging personal situations, such as managing a serious family crisis, addressing urgent caregiving needs, or navigating other significant personal difficulties.

[This policy has been [approved OR established following discussions] with the [NAME OF UNION, EMPLOYEE GROUP, OR ORGANIZATION].]

This policy is designed to comply with all applicable Nebraska laws and regulations regarding leave entitlements and workplace accommodations.

This policy is not part of any employment contract or contract for services, and we may update or amend it at any time [([subject to agreement with OR following consultation with] the [NAME OF UNION, EMPLOYEE GROUP, OR ORGANIZATION])].

**POLICY APPLICABILITY**

This policy applies to all employees, officers, consultants, independent contractors, casual workers, agency workers, volunteers, and interns.

**POLICY MANAGEMENT**

The [Board of Directors OR [COMMITTEE] OR [POSITION]] holds overall responsibility for ensuring the effective operation of this policy and has delegated the task of overseeing its implementation to [the Head of the HR Department OR [POSITION]]. Any suggestions for changes should be directed to [the Head of the HR Department OR [POSITION]].

For questions about the daily application of this policy, please consult [your line manager OR the HR Department] as your first point of contact.

This policy is reviewed annually by [the Head of the HR Department OR [POSITION]] [in consultation with [NAME OF TRADE UNION, WORKS COUNCIL OR STAFF ASSOCIATION]].

**WHEN PERSONAL LEAVE IS AVAILABLE**

You may take [paid OR unpaid] personal leave of up to [NUMBER] days [in any 12-month period] to address critical personal circumstances such as a close relative experiencing a life-threatening illness or injury, or other urgent personal matters requiring your attention.

[Close relative means a spouse or partner, child, step-child, parent, step-parent, parent-in-law, grandparent, grandchild, sibling, step-sibling, or sibling-in-law.]

[EMPLOYER’S NAME] will review requests for personal leave due to other significant non-medical personal challenges, such as caring for a dependent in an emergency or handling major personal life events, on a case-by-case basis. [[EMPLOYER’S NAME] may also grant [unpaid] personal leave in these situations at its discretion.]

If you are unable to return to work after taking personal leave, please contact [your manager OR the Human Resources Department]. [EMPLOYER’S NAME] may, at its discretion, grant additional [unpaid] personal leave. Alternatively, you may request to use annual leave, subject to approval.

If longer-term adjustments to your working arrangements are necessary, please discuss this with your manager and consider making a request under [EMPLOYER’S NAME]’s [Flexible Working Policy].

**REQUESTING PERSONAL LEAVE**

[EMPLOYER’S NAME] understands that it may not always be possible to request personal leave in advance. However, when possible, you should submit your request to [your manager OR the HR Department], providing the reason for your leave and the number of days you wish to take.

If advance notice is not feasible, you should notify [your manager OR the HR Department] as soon as possible, explaining the reason for your absence and how long you expect to be away. If needed, someone else may notify them on your behalf.

[In rare circumstances, we may need to deny a request for personal leave. If this happens, we will provide a written explanation outlining our reasons. If you disagree with the decision, you can [appeal in writing to [your manager OR the HR Department] within [NUMBER] days of receiving the explanation OR raise the matter through our Grievance Procedure].]

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date