



State of Connecticut Human Resources
Request to Hold Classified Position in Accordance with C.G.S. Section 5-248(f)

Form #: CT-HR-28

Revision Date: 06/07/2016

Background: CGS Section 5-248(f) as amended by Public Act 13-247 states: "A classified employee with at least five years of state service appointed to an unclassified position may be granted a leave of absence without pay from the classified service by the Commissioner of Administrative Services for such length of time as he or she shall hold such appointive position, except that no such leave of absence shall exceed two consecutive years unless such classified employee requests and is granted a renewal of such leave of absence by the commissioner.

Section 1: To be completed by the employee

Check One: Original Request: _____ Request for Extension: _____

Employee Name: _____ Employee ID: _____

Current Classified Official Job Title: _____

Agency: _____

Unclassified Official Job Title: _____

Agency: _____

Date of appointment to the unclassified service: _____

In accordance with CGS Section 5-248(f), I am requesting an unpaid leave of absence from my current classified position to serve in a position in the unclassified service.

I understand:

- I must have at least 5 years of state service to make this request.
- The approval of this request is at the discretion of my agency head and the Commissioner of Administrative Services.
- If approved, the leave of absence will be for a maximum of two years, unless I request and am granted an extension.
- If my unclassified position or agency changes, a new request must be made.
- If the agency where my position is held merged into another agency, a new request must be made.
- Any extension must be requested in writing and approved by my agency head and the Commissioner of Administrative Services.

Signature: _____ Date: _____

Employee Name: _____ Employee ID: _____ Agency: _____

Section 2: To be completed by the Agency Head or HR Administrator

I have reviewed the request for a leave of absence from the classified service and have considered the ramifications for my agency and:

I approve the above request _____

If approved, indicate: start date ___/___/___ end date ___/___/___

I deny the above request _____

To be completed by Agency HR Administrator or Designee: Position # of Held Position: _____
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Signature: _____ Date: _____
Agency Head or HR Administrator

Section 3: To be completed by the DAS Commissioner or Designee

I have reviewed the request for a leave of absence from the classified service and have considered the ramifications for the state and:

I approve the above request _____ If approved, indicate: start date ___/___/___ end date ___/___/___

I deny the above request _____

Signature: _____ Date: _____
DAS Commissioner or Designee

Notes:

1. Requests can be approved for a maximum of two (2) years.
2. The request is sent to DAS if approved by the agency head. (Completed forms can be emailed to Nicholas.Hermes@ct.gov or faxed to 860-730-8438.)
3. A copy of this form, if approved by the agency head and the DAS Commissioner (or designee), should be given to the employee and a copy kept in the employee's personnel file. If a leave of absence is approved, it must be reflected in CORE-CT with the approved Expected Return Date.