Leave of Absence Form

Employee ID No	☐ Faculty ☐ Staff ☐ PostDoctoral	
Name	Home Phone	
Home Address		
Department Name	Case Network ID	CWRU Extension

TYPE OF LEAVE REQUESTED (check one) … Full Continuous Leave … Intermittent Leave

Family Medical Leave Act Leave	Other Leaves
☐ Personal Medical (employee illness)	☐ Personal Medical Non-FMLA (please explain)
☐ Family Medical (child/ S D U H Q W Z L I H spouse)	☐ 3 H U V R Q D O / 8€ur ñ0 ” Þ 8€uu„C’#qf@nódƒP
Natural Childbirth … Adoption … Foster Custody	☐ Military Leave
☐ : R U N H U V ¶ & R P S H Q V D W L R Q	☐ Jury/Subpoenaed
	☐ Sabbatical (Faculty only)
	☐ Administrative Leave (check one) … Paid … Unpaid

Current Sick Hours Balance: _____ Current Vacation Hours Balance: _____

PAID START DATE _____ NON-PAID START DATE _____ ESTIMATED RETURN DATE _____

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RESOURCES SIGNATURE _____ DATE _____

RETURN TO WORK

Instructions to Supervisors

1. Instruct the employee to complete the Employee Data.
2. Discuss the type of leave requested with the employee using the definitions provided below*.
3. Advise W K H H P S O R \ H H U H J D U G L Q J W K H U H T X L U H G P H G L F D O F H U W L I L F D W L R Q) R U when the leave is foreseeable. A certification from a health care provider is required for all intermittent leaves (pre-scheduled time off for medical appointments or reduced work time) of any duration and for family medical leaves or personal medical leaves of more than 5 consecutive working days. Forms for Certification of a Health Care Provider for Family Medical or Personal Medical Leave are available online at the HR Forms website or from Employee Relations, Room 320, Crawford Hall, 7047, or by calling ext. 2268 Completed forms should be returned to Email address leaves@case.edu.
4. Calculate the amount of sick leave balance and vacation balance. Contact the Leave Administrator with questions.
5. The Leave Administrator will communicate approvals.
6. Confirm the start date and estimated return date. Confirm the terms of the leave, whether it will be continuous or intermittent and on what basis.
7. a) Advise the employee they must use all unused sick and vacation days before beginning an unpaid leave for personal medical reaso
Note the amount of time the employee requests.

   (b) Confirm whether the employee elects to use up to 12 sick days annually for an approved family medical or family military service member leave under the Family and Medical Leave Act (minus any sick days they may have taken for bereavement, parenting, for foster care, or family illness not covered as FMLA leave). Employees on Non-FMLA parenting or family medical leave have the option of using up to 8 sick days and must use all unused vacation days prior to commencing an unpaid leave. See Paid Parental Leave Policy for paid

family medical leave have the option family