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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
<input type="checkbox"/> Personal Medical (employee illness)	<input type="checkbox"/> Personal Medical Non-FMLA (please explain)
<input type="checkbox"/> Family Medical (child/spouse illness)	<input type="checkbox"/> Family Medical Non-FMLA

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 W O n F n H L W i L I L F D W L R 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 reasons. 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