

**CASE WESTERN RESERVE UNIVERSITY
Leave of Absence Form**

EMPLOYEE DATA

NAME: _____ EMPL ID. NO.: _____

HOME ADDR: _____
street city state zip tel. no.

Case EXTENSION: _____ DEPT NAME, SPEED TYPE, EXP CLASS: _____

INTERMITTENT LEAVE REQUESTED? _____ **YES** _____ **NO** **If yes, explain:**

TYPE OF LEAVE REQUESTED

LEAVES UNDER FMLA	OTHER LEAVES	OTHER LEAVES CONT.
<p>____ PERSONAL MEDICAL</p> <p>____ FAMILY MEDICAL</p> <p>____ FAMILY MILITARY SERVICE-MEMBER</p> <p>_____</p> <p align="center"><small>(Name/Relationship)</small></p> <p>PARENTING</p> <p>____ Natural Childbirth Care</p> <p>____ Adoption</p> <p>____ Foster Custody</p> <p>____ WORKERS' COMPENSATION</p>	<p>NON-FMLA MEDICAL</p> <p>____ PERSONAL MEDICAL</p> <p>____ FAMILY MEDICAL</p> <p>_____</p> <p align="center"><small>(Name/Relationship)</small></p>	<p>____ PERSONAL (Please explain)</p> <p>____ CONVENIENCE</p> <p>____ MILITARY</p> <p>____ JURY</p> <p>____ SABBATICAL</p> <p>____ ADMINISTRATIVE ____Paid ____Unpaid</p>

<p>SICK HOURS _____ VACATION HOURS _____</p> <p>BALANCE _____ BALANCE _____</p> <p>USING _____ SICK DAYS</p> <p><small>Please see Policies IV-8, IV-9, IV-10 for allowable use of sick time. Sick day balance must be used prior to commencing an unpaid personal medical leave of absence.</small></p> <p>USING _____ VACATION DAYS</p> <p><small>Vacation day balance must be used prior to commencing an unpaid leave of absence.</small></p> <p>USING _____ WEEKS OF PAID PARENTAL LEAVE</p> <p>Beginning _____ through _____</p>	<p>SICK HOURS _____ VACATION HOURS _____</p> <p>BALANCE _____ BALANCE _____</p> <p>USING _____ SICK DAYS</p> <p><small>(Limited to 8 Days for Family Medical, Parenting, and Bereavement). Sick day balance must be used prior to commencing an unpaid personal medical leave of absence.</small></p> <p>USING _____ VACATION DAYS</p> <p><small>Vacation day balance must be used prior to commencing an unpaid leave of absence.</small></p>	<p>VACATION HOURS _____</p> <p>BALANCE _____</p> <p>USING _____ VACATION DAYS</p> <p><small>Vacation day balance must be used prior to commencing an unpaid leave of absence.</small></p>
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PAID START DATE _____ **NON-PAID START DATE** _____ **ESTIMATED RETURN DATE** _____

AUTHORIZATIONS

EMPLOYEE SIGNATURE _____ DATE _____

PRINT SUPERVISOR NAME _____ EXTENSION _____

SUPERVISOR SIGNATURE _____ DATE _____

HUMAN RESOURCES SIGNATURE _____ DATE _____

RETURN TO WORK

DATE RETURNED: _____ EMPLOYMENT STATUS: __FULL TIME __3/4 TIME __HALF TIME __OTHER NO. OF HRS/WK _____

SUPERVISOR SIGNATURE _____ DATE _____

PLEASE SEE BACK OF FORM FOR INSTRUCTIONS

Instructions to Supervisors

1. Ask the employee to complete the employee data.
2. Discuss the type of leave requested with the employee using the definitions provided below*.
3. Advise the employee regarding the required medical certification. For most leaves, 30 days notice is requested 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. 6964. Completed forms should be returned to Employee Relations, Room 320, Crawford Hall, 7047.
4. Calculate the amount of sick day allowance for which the employee is eligible. Calculate the amount of used and unused time. Employee Relations is available for consultation if there are any questions.
5. Obtain approval for the requested leave from Employee Relations, and communicate the approval to the employee.
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 IV-14 for paid time allowances for parenting leaves for childbirth and/or adoption. Advise them that vacation days must be used prior to the unpaid leave. Note the amount of time the employee requests.
 - c) If Parenting Leave and covered under Policy IV-14, Paid Parental Leave, verify the number of weeks that are paid by the Parental Leave policy.
8. Forward a copy of this form with attachments (if applicable) to Employee Relations, Room 320, Crawford Hall, 7047, or fax it to ext. 8948, immediately upon knowledge of a pending leave of absence.
9. Upon returning to work, supervisors must complete the Return to Work information requested on the bottom of the Leave of Absence form and send a copy of the form immediately to Employee Relations, Room 320, Crawford Hall, 7047, or fax it to ext. 8948.

*Definitions of Types of Leave

"Administrative" refers to a leave that provides the university time to investigate and evaluate the circumstances regarding a pending action.

"Convenience" refers to leaves requested by a department during seasonal or slack periods.

"Family Medical" includes time to care for an ill family member (employee's spouse as recognized in the state of Ohio, son, daughter, parent or guardian and domestic partner who has met the requirements for receipt of domestic partner benefits under Case's policy) for serious health conditions.

"Jury Duty" refers to leave honoring an employee's civic responsibilities.

"Military" includes leaves for induction into the Military Service of the United States as well as annual requirements for reserve duties.

"Non-FMLA Medical" refers to requests for personal or family medical leave when the employee does not meet the requirements for a leave under the Absence and Leaves for Personal Medical, Family Medical, Family Military Service Member, and Parenting Reasons under the Family and Medical Leave Act Policy.

"Parenting" refers to care and nurturing for a new child as a result of childbirth, adoption, or foster custody unrelated to a medical condition.

"Personal" refers to time for personal and professional development, including education, travel, journalism, civic responsibilities, family related situations, appointments, retreats, and other career planning situations.

"Personal Medical" includes serious health conditions of the employee as certified by a health care provider including the time prior, during, and after childbirth.

"Sabbatical" refers to leaves of absences from regular academic duties of one year or less, where the primary effect of the leave is to enhance the professional development of the faculty member through study or research in accordance with the terms and approvals outlined in the Faculty Handbook.

"Workers' Compensation" refers to a personal medical leave for an accident or injury that occurred during the course and scope of the employee's employment.