



## Leave of Absence Form

Employee ID No:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Post Doctoral
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
<input type="checkbox"/> Personal Medical ( <i>employee illness</i> )	<input type="checkbox"/> <a href="#">Personal Medical Non-FMLA</a> ( <i>please explain</i> )
<input type="checkbox"/> Family Medical ( <i>child/parent/spouse illness</i> )	<input type="checkbox"/> <a href="#">Personal Leave</a>
<input type="checkbox"/> Family Military Caregiver	<input type="checkbox"/> <a href="#">Convenience Leave</a>
<input type="checkbox"/> <a href="#">Parental Leave</a> <input type="checkbox"/> Natural Childbirth <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Custody	<input type="checkbox"/> <a href="#">Military Leave</a>
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> <a href="#">Jury/Subpoenaed</a>
	<input type="checkbox"/> Sabbatical ( <i>Faculty only</i> )
	<input type="checkbox"/> <a href="#">Administrative Leave</a> (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

Current Sick Hours Balance: \_\_\_\_\_ Current Vacation Hours Balance: \_\_\_\_\_

**PAID START DATE** \_\_\_\_\_ **NON-PAID START DATE** \_\_\_\_\_ **ESTIMATED RETURN DATE** \_\_\_\_\_

**AUTHORIZATIONS**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT SUPERVISOR/HRA NAME \_\_\_\_\_ EXTENSION \_\_\_\_\_  
 SUPERVISOR/HRA SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 HUMAN RESOURCES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN TO WORK**

DATE RETURNED: \_\_\_\_\_  
 SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SEE BACK OF FORM FOR INSTRUCTIONS**

### Instructions to Supervisors

1. Instruct the employee to complete the EmployeeData.
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. 2268. Completed forms should be returned to Email address: [leaves@case.edu](mailto: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 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 [Paid Parental Leave policy](#), 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 via **Email** ([leaves@case.edu](mailto:leaves@case.edu)) or fax (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 via fax ext. 8948 or email [leaves@case.edu](mailto:leaves@case.edu).

### 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 and/or for other reasons approved by the department, such as when an employee is unable to come to work (i.e. childcare issues during the COVID-19 pandemic).

**“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 faculty 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.