

**CITY OF CLEVELAND
Personnel Policies and Procedures
Benefits Policies**

**CITY OF CLEVELAND
LEAVE OF ABSENCE REQUEST FORM**

NAME: _____ DATE: _____

DEPT.: _____ DIV.: _____

CLASSIFICATION: _____

Type of request:

() Military, () Personal Non-FMLA, () FMLA Personal, () Educational, () Qualifying Exigency,
() Service member Family

Leave of absence beginning on _____ and ending on _____

I have attached the necessary documentation as follows:

1. Military Leave – Copy of Military Orders
2. Qualifying Exigency – Copy of Military Orders
3. Service member – Certification Statement from physician
4. Non-FMLA Personal Leave – A statement which states in detail the reason for the request.
5. FMLA Personal Leave – A statement from a medical practitioner which describes the condition of my family member, the relationship between me and my family member and the fact that I am needed to care for my family member. **-or-** a statement from the appropriate agency or court which verifies an adoption or foster child placement and the date thereof.
6. Educational Leave – A statement which describes the course of study and the connection between the course of study and my duties.

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

APPOINTING AUTHORITY*

DATE

*Appointing Authority signature indicates that operational needs will be met during period of leave.

If it is found that a Leave of Absence is not actually being used for the purpose for which it was granted, the City of Cleveland may impose disciplinary action up to and including discharge. An employee who fails to report to work at the expiration or cancellation of a leave of absence shall be considered to be absent without leave.

- FMLA Personal Leave is available for the following reasons:
 - Serious health condition experienced by a member of the employee's family. Family member includes mother, father, spouse, daughter, son (who is less than 18 years or disabled). A serious health condition means a permanent or long-term condition that requires supervision or a condition that requires multiple treatments or therapy.
 - Care of employee's newly adopted son or daughter or placement of a foster child.
 - Birth or post-natal care of an employee's son or daughter.
 - Qualifying Exigency or Service member Family Leave

CC: Department of Personnel & Human Resources
Civil Service Commission
Employee
Medical File