

REQUEST FOR MEDICAL LEAVE/PAID PARENTAL LEAVE FORM (A-10-1)

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Commenced, probable duration of the condition or incapacity, and description of any necessary intermittent absences from work due to treatment or therapy. Please sign and date the request and submit it to your **HR Lead**.

Protected Health Information (PHI) should only be viewed by the HR Lead.

NON-FMLA EXTENDED MEDICAL LEAVE

I have attached a physician's statement and/or other documentation which sets forth the existence of the condition and the probable duration of the leave.

SIGNATURE

I must contact my Departmental representative to facilitate my return to work, or to request an extension of this leave, at least **five (5) days prior to the expiration of this leave**.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

APPOINTING AUTHORITY SIGNATURE

DATE

APPROVED

NOT APPROVED

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 back to work when the leave is expired or cancelled may be considered absent without leave and subject to disciplinary action, up to and including discharge.