

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

**CITY OF CLEVELAND
REQUEST FOR MEDICAL LEAVE OF ABSENCE FORM
EMPLOYEE ONLY**

NAME: _____ DATE: _____

DEPT.: _____ DIV.: _____

CLASSIFICATION: _____

Types of Request: FMLA – Medical LOA Non-FMLA Medical LOA

Leave of absence beginning on _____ and ending on _____

I have attached a Physician’s statement or Certification of Health Care Provider Statement which sets forth:

- 1) A description of the health condition;
- 2) The date the condition commenced
- 3) The probable duration of the condition or incapacity
- 4) Description of any necessary intermittent absences from work due to treatment or therapy.

At least five (5) days prior to the expiration of this leave, I agree to contact my Division and/or Department to obtain the necessary forms to facilitate my return to work or to request an extension of this leave.

EMPLOYEE’S SIGNATURE

SUPERVISOR’S SIGNATURE

APPOINTING AUTHORITY

DATE

APPROVED

NOT APPROVED

- FMLA leave of absence is applicable only to a serious health condition experienced by the employee. “Serious health condition” means an illness, injury impairment or mental condition that involves hospital care, non-routine treatment or therapy, incapacity due to pregnancy or chronic condition requiring treatment.

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.

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

Medical File