



EMPLOYEE LEAVE OF ABSENCE: EXPLANATION OF FORMS

- 1 – **Request for Family Medical Leave – *due 30 days before leave***
This is CIEE’s internal request form for leaves of absence under the Family and Medical Leave Act (FMLA). FMLA allows eligible employees to take unpaid, job-protected leave for specified family and medical reasons, for a maximum of twelve weeks. This form needs to be completed by you and signed by your manager. **Please submit this form at least thirty days before your requested leave of absence, along with the applicable certification** depending on the reason for leave (see item 02, 03, or 04).
- 2 – **Certification for Employee Health Condition**
Along with the Request for Family Medical Leave form, this form is required for leaves of absence due to your own health condition, including childbirth. Section two is completed by the employee, and section three is completed by the employee’s health care provider.
- 3 – **Certification for Family Member’s Health Condition**
Along with the Request for Family Medical Leave form, this form is required for leaves of absence due to a family member’s health condition. Section two is completed by the employee, and section three is completed by the employee’s health care provider.
- 4 – **Certification for Military Leave**
Along with the Request for Family Medical Leave form, this form is required for leaves of absence due to military leave. Complete section two in full, and provide supplemental documentation as described at the bottom of page one.
- 5 – **Certification for Bonding Leave related to Adoption, Birth or Foster Placement**
Along with the Request for Family Medical Leave Form, this form is required for leave requests related to the adoption, birth or foster placement of a child. Complete the first section of the form and have the placement agency certify the placement if applicable.
- 6 – **Short Term Disability Application – *due 30 days before leave***
If the leave of absence is for your own health condition, including childbirth, you may be eligible for short term disability insurance. Short term disability provides partial payment during a typically unpaid leave of absence. Both part two and the authorization page is completed by you, and part three needs to be completed by your health care provider. Short term disability has a two-week waiting period before benefits will be paid, referred to as the “elimination period.” **Please submit to HR thirty days before your leave of absence begins.**



7 – **Restrictions and Capabilities – *due 10 days before return to work***

If you've been out on a personal medical leave, this form is required before you return to work. It needs to be completed by your health care provider, and returned to HR **at least ten days before your return.**

8 – **Request for Personal Leave (non-FMLA)**

Use this form to request a leave of absence for a personal or non-medical reason that would not otherwise be covered under FMLA. This completed form needs to be reviewed and approved by your direct manager and department head prior to being submitted to Human Resources.

Please contact HR Benefits if you need assistance at HRBenefits@cieee.org.