

MEDICAL LEAVE NOTIFICATION FORM

Northeastern State University

Name _____ EE ID N

Dept/Div/Coll _____ Job Title _____

Org _____ Exempt/ Nonexempt Hire Date _____

Work shift (regularly scheduled working **days/hours** - Nonexempt employees only) _____

Medical Leave Begins _____	Anticipated Return Date _____
Worker's Comp Leave <input type="checkbox"/> Yes <input type="checkbox"/> No	FMLA Leave <input type="checkbox"/> Yes <input type="checkbox"/> No
Leave Election:	Start Date _____
<input type="checkbox"/> 3-day wait <input type="checkbox"/> 3-hour option	End Date _____
<input type="checkbox"/> No earned leave authorized	
_____ Account Sponsor _____ Date	_____ Authorized Human Resources Signature _____ Date

<i>Double-border boxes are for Human Resources and Payroll Use ONLY</i>		
Earned leave (in order of use):		
_____ hrs. PL	_____ hrs. VA	_____ TOTAL Available Leave
Removal from payroll: _____		

Return from Leave _____ (Date)	Limitations (if any) _____
_____ Account Sponsor _____ Date	<i>Attach Medical Release and forward to HR.</i>

_____ Payroll Supervisor _____ Date	_____ Authorized Human Resources Signature _____ Date
<input type="checkbox"/> Medical Release Received	<input type="checkbox"/> Time entered into system