

# 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) \_\_\_\_\_

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

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

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

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