

Please review the Instructions on the back before completing this form.

APPLICATION FOR LEAVE OF ABSENCE

Employee Information			
Employee's Name	Employee's ID Number		
Home Address	Personal Email (optional)		
Cell/Home Phone Number Work Phone Number	Estimated Leave Start Date: Estimated Leave End Date: <input type="checkbox"/> Intermittent Leave or Reduced Work Schedule		
Supervisor Name Supervisor Phone	Department Name		
Reason for leave (check one)			
<p>Medical: A health condition that makes you unable to perform the essential functions of your job Live Organ Donation Leave: I am donating a kidney, a liver segment, or bone marrow</p> <p>Family Care: A leave to care for a family member who has been diagnosed with a serious health condition What family member is this leave for? Spouse Parent Child Child's Date of Birth:</p> <p>Paid Parental: after the birth or adoption of your child. Provide estimated delivery date or date of adoption: I certify that I will be a named parent on the child's birth certificate or adoption paperwork and for adoption that the child is not related by blood or marriage nor over 6 years of age.</p> <p>Maternity: For pregnancy complications or childbirth. Provide estimated delivery date:</p> <p>Parental: After a child's birth or for a child's placement with you for adoption or foster care</p> <p>Military Exigency: A qualifying exigency arising from your spouse, child, or parent being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces</p> <p>Military Caregiver: To care for a covered servicemember for whom you are the spouse, child, parent, or next of kin</p>			
Leave Credits Options – Select below and also notify your supervisor of your selections.			
<ul style="list-style-type: none"> Consult your collective bargaining agreement or civil service regulations. This section does not need to be completed if request is for a Paid Parental Leave or for a Live Organ Donation Leave. Sick Leave/Sick Time must be exhausted before an unpaid medical leave of absence for your own personal illness and may only be frozen for some Family Care or Military Caregiver leaves If Sick Leave is exhausted before you return to work, please specify your preferred use of other leave credits. If no preference is stated, leave credits will be frozen when available. Freezing leave credits may affect your eligibility to receive annual leave donations. 			
LEAVE CREDITS	USE ALL	FREEZE ALL	ENTER AMOUNT TO FREEZE
Annual Leave	<input type="checkbox"/>	<input type="checkbox"/>	
Banked Leave	<input type="checkbox"/>	<input type="checkbox"/>	
Deferred Hours	<input type="checkbox"/>	<input type="checkbox"/>	
Comp Time	<input type="checkbox"/>	<input type="checkbox"/>	
Sick Leave/Sick Time (May only be frozen for some Family Care or Military Caregiver Leaves) Refer to your union contract or Civil Service reg. 2.03.	<input type="checkbox"/>	<input type="checkbox"/>	
Acknowledgement			
<p>I understand that if approved, my leave may count towards my leave entitlements under the federal Family and Medical Leave Act, Civil Service rules, departmental policy and collective bargaining agreement. I certify that my leave credits should be used as stated above, where authorized, and I understand that my leave credit selections are binding.</p>			
Employee Signature			Date

IMPORTANT INFORMATION

If you are unable to work for five or more consecutive days or on an intermittent basis, you must complete and send an application to the Disability Management Office (DMO). You may complete this CS-1838 form and submit to DMO or complete the online leave application at www.michigan.gov/DMOLeaveApp. Indicate the type of leave you are requesting, estimated dates of leave, and your preferred use of leave credits. If applying for a Paid Parental Leave (PPL) or Live Organ Donation Leave, you do not need to designate leave credits.

If you are absent from work, you must call in daily in accordance with your department's absence notification procedures, notify your supervisor of your expected return to work date and use of leave credits until your leave of absence has been approved by the DMO.

If you are taken off payroll due to exhausting or freezing leave credits:

- You will be responsible for payment of any existing payroll deductions (Friend of Court, 401K loans, garnishments, levies etc.).
- If you are enrolled in Long Term Disability (LTD), and choose to initiate a claim, you must contact Sedgwick at 800-324-9901 at least two weeks prior to exhausting your sick leave (Medical & Maternity Leaves Only).
- If eligible, an Application to Continue Insurances (CS1820) will be mailed to you and must be returned to the Employee Benefits Division.

RETURNING TO WORK

(does not apply to PPL for non-birthing parent, unpaid parental and family care leaves)

A physician statement must be submitted to the DMO permitting you to return to work with or without restrictions before the end of your leave. The statement must be signed and dated by the physician no earlier than 14 days prior to your return to work date and must be received 5 days prior to the return to work date to allow time for processing.

- Restrictions must indicate the physical limitation and duration.
- Restrictions must be approved prior to returning to work.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

Under the FMLA, eligible employees have up to 12 weeks of leave in a 12-month period for:

- a serious health condition that makes you unable to perform the essential functions of your job including incapacity due to pregnancy and for prenatal medical care
- to care for a spouse, son, daughter, or parent who has a serious health condition, including incapacity due to pregnancy and for prenatal medical care
- the birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care, and to bond with the newborn or newly-placed child
- a qualifying exigency arising from your spouse, child or parent being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces

Eligible employees may take up to 26 workweeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember. An eligible employee is limited to a combined total of 26 workweeks of leave for any FMLA-qualifying reasons during the single 12-month period.

Your health benefits can be maintained during an FMLA leave as if you continued to work. You must be reinstated to the same or an equivalent job with the same pay, benefits, and conditions of employment on your timely return from leave.

Notice of your FMLA rights and responsibilities may be sent to you separately. If you are not eligible for FMLA, you may have other leave options available under civil service regulations or a collective bargaining agreement.

DISABILITY MANAGEMENT OFFICE CONTACT INFORMATION

Toll Free Number: 877-443-6362 Option #2

Fax Number: 517-241-9926

Mail Address: 400 S. Pine, P.O. Box 30002, Lansing, MI 48909

Submit Documentation To: MCSC-DMO@michigan.gov