CS-1838
Rev 4/2023

State of Michigan
Michigan Civil Service Commission
DISABILITY MANAGEMENT OFFICE
400 S. Pine St., P.O. Box 30002, Lansing, Michigan 48909
Phone: 877-443-6362, option #2, Fax: 517-241-9926
MCSC-DMO@michigan.gov

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:	Leave Start Date: Leave End Date: ☐ Intermittent Leave or Reduced Work Schedule
Supervisor Name Supervisor Phone	Department Name

Reason for leave (check one)

- ☐ A serious health condition that makes you unable to perform the essential functions of your job.
- ☐ A serious health condition affecting your ☐spouse, ☐child, ☐parent, for which you are needed to provide care.
- ☐ Paid Parental Leave 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.
- ☐ Maternity leave for the birth of a child. Provide Estimated Delivery Date:
- ☐ Parental leave after a child's birth or for a child's placement with you for adoption or foster care.
- ☐ 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.
- ☐ To care for a covered servicemember for whom you are the ☐spouse, ☐child, ☐parent, or ☐next of kin.

Leave Credits Options – Select below and also notify your supervisor of your selections.

- Consult your collective bargaining agreement or civil service regulations.
- This section does not need to be completed if Paid Parental Leave was chosen above.
- Sick leave must be exhausted before an unpaid medical leave of absence for your own personal illness.
- If sick leave will be 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	☐	☐	
Banked Leave	☐	☐	
Deferred Hours	☐	☐	
Comp Time	☐	☐	
Sick Leave (May only be frozen for Family Care or Military Caregiver Leave)	☐	☐	

Acknowledgement

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.

Employee Signature	**Date**

APPLICATION INSTRUCTIONS

If you are unable to work for five or more consecutive days or on an intermittent basis, you must complete and send this application to the DMO. Indicate the type of leave you are requesting, dates of leave, and leave credits to be used.

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 Disability Management Office.

If you exhaust your sick leave credits and are not using other leave credits:

- You will be taken off payroll
- If eligible, an Application to Continue Insurances (CS1820) will be mailed to you and must be returned to Employee Benefits Division
- You will be responsible for payment arrangement on any other payroll deductions that remain active while on paid leave (Friend of Court, 401K loans, garnishments, levies etc.)
- If enrolled in Long Term Disability (LTD), contact Sedgwick at 800-324-9901 to initiate a claim within two weeks of exhausting your sick leave

For personal illness, a physician statement must be submitted to DMO permitting you to return to work with or without restrictions before the end of your leave.

- 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
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care
- The birth of a child or the placement of a child with you for adoption or foster care
- 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.
- To care for a covered service member who is your spouse, child, parent or next of kin

You may also be eligible for up to 26 weeks of leave in a 12-month period for qualifying care for a covered service member, although any other FMLA leave during that period will count toward the 26-week entitlement. 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.

Clarification and notice of your FMLA rights and responsibilities will 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
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Mail Address: 400 S. Pine, P.O. Box 30002, Lansing, MI 48909
Submit Documentation To: MCSC-DMO@michigan.gov