

Buffalo State
Leave Request Form

Completed by Employee:	
After meeting with Human Resource Management (HRM) to review leave of absence procedures, complete and submit to your Department Head/Supervisor for review and approval. Note, Appropriate medical documentation must be received by HRM <u>before</u> a sick leave request can be approved.	
Last Name, First Name, Middle Initial:	Indicate your usual work schedule:
Department:	Department Head/Supervisor's Name:
Anticipated Leave Begin Date:	Anticipated Leave End Date:
Select Leave Type:	
<input type="checkbox"/> Intermittent <input type="checkbox"/> Maternity (medical only) <input type="checkbox"/> Child Care <input type="checkbox"/> Maternity and Child Care <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Sick Leave (self) <input type="checkbox"/> Sick Leave (family) <input type="checkbox"/> Other:	
Select Accruals to be Charged:	
<input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal (classified only) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Other (use comments)	
Is this an extension of an existing leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your original leave dates: From: To:	
Employee Signature:	Date:
Explanation of Request:	
Completed by Department Head/Supervisor:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Please return form to Human Resource Management, CLEV 410 for review.	
Department Head/Supervisor Signature:	Date:

Return from Leave procedures

Employees returning from a medical or workers' compensation leave of absence must follow these procedures:

1. Employee must submit a return to work slip from their attending physician to Human Resource Management prior to returning to work.
2. Human Resource Management will review the return to work slip and provide the employee with a return to work memorandum notifying the employee's supervisor of the employee's ability to return to work. Supervisors may not allow an employee to return to work unless he/she possesses the return to work memorandum from Human Resource Management.
3. If the return to work slip from the employee's attending physician states there are limitations/restrictions on the employee's ability to return to full duty, the attending physician must specify the limitations/restrictions and the duration for each (e.g., standing, bending, lifting, pulling, pushing, repetitive motion, frequency). If the documentation from the attending physician is not clear, Human Resource Management will ask the employee to obtain clarification from their attending physician.
4. Human Resource Management will review the limitations/restrictions with the employee's supervisor to determine whether it is possible to temporarily modify job duties to comply with the limitations/restrictions. Approval for return with limitations/restrictions will be made on a case-by-case basis, and determination will be communicated to the employee by letter.
5. If the employee returned to work with limitations/restrictions, the employee must provide follow up medical documentation from their attending physician once the limitation/restriction duration period has ended, stating the employee is now able to perform the full duties of his/her position.

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Completed by Human Resource Management:			
Medical Documentation Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period covered by medical documentation: From:	To:
Leave Accrual Balance as of:	Copied to Benefits on (date):		
Sick:	Vacation:	Personal:	FMLA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter Sent on Date:	Follow Up Date:	Processed by:	