



*Community
Options*

**NOTICE OF REQUEST
FOR NON-FMLA
(MEDICAL AND PERSONAL LEAVE)**

INCLUDED IN THIS PACKET:

- ✓ Instructions
- ✓ Notice of Request for Medical and Personal Leave

CONTACT INFORMATION:

Human Resource Department
4909 Shelburne Street
Bismarck, ND 58503
Phone: 701-223-2417
Fax: 701-223-2843

INSTRUCTIONS

➤ **Notice of Request for Medical and Personal Leave**

- Employee Information
 - Complete all areas.
- Section 1—Personal Leave Request
 - Check the appropriate boxes which fit your request, either Medical or Personal.
 - If Medical, check family member or self.
 - Complete the anticipated beginning and end date of your leave.
- Section 2—Leave Time Designation
 - Complete/provide all applicable information to your supervisor.
- Section 3
 - Will be completed by your supervisor, next level supervisor, and Human Resources.
 - A copy of this form will be returned to you by Human Resources.



NOTICE OF REQUEST FOR MEDICAL AND PERSONAL LEAVE

EMPLOYEE INFORMATION			
Employee Name _____			
Phone Number _____		Cell Number _____	
Program _____	Job Title _____		Location _____
Supervisor _____			
SECTION 1 – PERSONAL LEAVE REQUEST – To be completed by EMPLOYEE			
<i>This Personal Leave Request is for the following reason:</i>			
<input type="checkbox"/> MEDICAL			
<input type="checkbox"/> Family Member			
<input type="checkbox"/> Self (Must have Medical Provider complete the Certification of Health Care for Health Condition)			
<input type="checkbox"/> OTHER: _____			
Anticipated date of leave is to: Begin: _____ End: (if known) _____			
_____		_____	
Employee Signature		Date of Signature	
Section 2 –LEAVE TIME DESIGNATION – To be completed by Staff requesting Leave			
<input type="checkbox"/> Return this completed form to your Supervisor			
<input type="checkbox"/> If your leave is for medical reasons, return the Certification of Health Care for Health Condition to Human Resources.			
<input type="checkbox"/> You will be required to use all personal leave time (PLT) during your leave. (PLT will not accrue while you are out on leave)			
<input type="checkbox"/> You must complete and provide your supervisor with a leave request form			
<input type="checkbox"/> If Medical Leave, staff will be required prior to returning to work to have the Medical Provider complete a Return to Work form.			
SECTION 3 - To be completed by SUPERVISOR			
<input type="checkbox"/> Personal Leave Time Denied			
<input type="checkbox"/> Personal Leave Time Approved			
_____		_____	
Supervisor Signature		Date of Signature	
_____		_____	
Next Level Supervisor Signature		Date of Signature	
_____		_____	
Human Resource Department Signature		Date of Signature	