

CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO
DIVISIONAL INFORMATION

Dist/Bur _____ Zone/Unit _____ 20

Examined by: _____ Rank: _____ 20

From: _____ To: _____

Subject: Request for FMLA Leave.

Copies to: Personnel Unit, Medical Unit, Unit Files

Sir or Ma'am:

I am currently assigned to (district, bureau, platoon) _____

I am respectfully requesting continuous FMLA or Intermittent FMLA for

Personal Serious Health Condition Family Member's Serious Health Condition

Qualifying Military Exigency Service Member Family Leave

Starting date _____

Ending Date _____

* Maximum of 12 weeks for continuous FMLA/1 year for intermittent FMLA

I have filled out and attached a City of Cleveland Medical Leave of Absence.

I understand my time will be deducted in the following order: sick, furlough, personal holidays, compensatory time.

I understand that I shall not work secondary employment while on continuous FMLA.

I understand that I will have to report to the Medical Unit if the Medical Director or their designee requests a status review, no overtime shall accrue.

I understand that if my FMLA leave exceeds 60 calendar days, I must report to the Medical Unit Coordinator to turn over any city issued weapon(s). No overtime shall accrue.

Medical Unit use only:

Hours worked: _____

Eligible FMLA hours: _____

Respectfully,
