



E D U C A T I N G  
G E N E R A T I O N S  
O F  
W O R L D - C L A S S  
L E A R N E R S

## Leave of Absence Request Instruction

This data outlines the process for requesting a Leave of Absence under FMLA. All leaves start with FMLA verification. Unless you are requesting leave under the Bereavement Leave Act or Military Leave. If your leave does not qualify for FMLA, you will be notified of other leave options available to you. Please have all documentation faxed to 708-367-6895. Need to discuss your leave options in person? Please contact Dana Holman, Benefits Coordinator, for an appointment via the contact information above. - *(When remote working, google meet, zoom, or phone calls can be implemented)*

**Mrs. Dana Holman, Benefits Coordinator**

[holmand@cm201u.org](mailto:holmand@cm201u.org)

FAX 708-367-6895

Phone 708-367-8334.

Please note that FMLA provides you 60 days of consecutive or intermittent leave. We will base your leave dates off of the data that the doctor provides. For leaves pertaining to parental situations, early return will not be allowed, the time frame indicated by your doctor will be upheld.

Paid leave and FMLA run concurrently, if you have paid leave days (sick/personal) and do not want to use these days to be paid while on FMLA, you must indicate this on the internal form. If you do not have any paid days, your leave could be unpaid for the duration of your leave.

In the event that you do not qualify for FMLA, leave options per your contractual bargaining agreement will be reviewed. Please let me know if you have any questions or concerns. Doctors' forms can be faxed back to me at 708-367-6895.

If you are applying for leave under the Family Bereavement Leave Act or Military Leave, please follow the outlined steps in the internal form to be verified for this type of leave.

LINKS FOR THE FORMS REQUIRED ARE ON THE WEBPAGE OR YOU CAN EMAIL TO REQUEST THE FORMS.

- Internal Leave Form-Fillable form, please complete then send to your supervisor to complete and it should be sent to Dana Holman. (Please send this over to me once it is completed by you and your supervisor)
- Employee Doctors Certification of Health Form-This form goes to your doctor to complete and is returned to Dana Holman. (You can return via email,708-367-6895) You have 15 days to provide this, unless additional time is needed)
- Family Member Doctor Certification of Health Form-This form goes to the doctor of the family member that you need to care for and is returned to Dana Holman. (you can return via email,708-367-6895) You have 15 days to provide this, unless additional time is needed)
- Letter-You will need to complete a letter requesting a leave under FMLA. This letter should include your name, building location, position, dates of the leave, and brief reason for the leave. The letter should be emailed to Dana Holman, Benefits Coordinator at [holmand@cm201u.org](mailto:holmand@cm201u.org). or to [benefits@cm201u.org](mailto:benefits@cm201u.org).

Please let me know if you have any questions or concerns about the documentation.

Administration Center  
1500 Sangamon St.  
Crete, IL 60417

708-367-8300 ph

708-672-2698 fx

[www.cm201u.org](http://www.cm201u.org)