

CONSECUTIVE ABSENCE NOTIFICATION

The immediate supervisor must notify Human Resources within two (2) days of any employee absence that will constitute five (5) or more days of consecutive absences from duty for a serious health condition for self or family for consideration of FMLA eligibility. See DEC (LOCAL) for details on family members and eligibility.

Campus/Department: [] BE [] WCE [] WPE [] WBJH [] CHS [] ADMN [] CHNT [] CUST [] MAIN [] TECH [] TRAN

Employee Name Date of 1st Absence Anticipated Return Date

Serious Health Condition of: [] Self [] Spouse [] Child [] Other (Explain)

Reason for Absence: [] Hospital Care [] Birth/Adoption [] Chronic Condition [] Multiple Treatments [] Long Term Dr.'s Care

[] Other (Explain)

I understand that I must contact Human Resources to determine eligibility for Family Medical Leave Act (FMLA) protection. I also must submit medical certification if absent more than five consecutive workdays because of personal illness or illness in the immediate family, or absent due to surgery.

Date Employee Signature

Supervisor: Attach any relevant communications and forward to HR. If circumstances do not allow employee to sign, return to HR regardless.

Date Supervisor Signature

PROCESSED

[] Processed: Date Director, Human Resources

[] Processed: Date Administrative Assistant, Human Resources

[] Processed: Date Payroll & Benefits Specialist