

Name: _____

Date: _____

Workforce Relations

G Z B M A R G O R P R E F S N A R T E V A E L R
H L E A V E B A N K P R O G R A M O N C S G L X
M E D I C A L C E R T I F I C A T I O N X J B P
Y Z C S O L S T C U Z E V A E L D E C N A V D A
C T C A E V A E L L A C I D E M Y L I M A F E I
N O I T A D O M M O C C A E L B A N O S A E R B
E E K H L E A V E W I T H O U T P A Y B S R H M
G D Y Y X V P Z E Q Z E N J O O G U S R H G A S
R X T I E A A M H H W C J V O Z M E U W X B Q I
E R N L N E F U V C N A A A D D N O O Y B K S C
M L O V G L I F I R B Z W Y F T H S T H L K J K
E H I W N L P V S I W D T N W X D H U O R Q G L
L K C U H A O V P A X T I I I F B M L O E D Z E
A B E S W U H T N H V J T S Y H A J W V I Z R A
C F N A O N D U J C Z H S T F N I E I N G R X V
I O C A D N V M C O O Y I Q R E L L V F H P I E
D G L Z D A V F I U F L J E F E H L R O T Q C J
E T A N O D J T T J I Q S O T O S X K U H Z Q D
M Q Z X N C K L K B H O N U S Q A B Q R O U B N
W Z V R K H E F A P U Z U F W X Q P L H U H L F
F C S O U A I S F R T U C B B R Y Q Z O R U C S
L E P P V J I F C G D U N O X O B I Y U S X M P
A I A E T D M E O L R T V U I L Y K Z R I A Z X
C N A R N L S K S E D D N A T S T I S S K W C W

FAMILY MEDICAL LEAVE ACT
Medical Certification
Leave Without Pay
Advanced Leave
Eight Hours
Disability
Donate

Reasonable Accommodation
Absent Without Leave
Medical Emergency
Sit Stand Desk
Four Hours
Six Hours
Chair

Leave Transfer Program
Leave Bank Program
Human Resources
Annual Leave
Sick Leave
Telework