

Family and Medical Leave of Absence Application Form

When the need for a leave of absence is foreseeable, you are required to request the leave 30 days in advance. Examples of foreseeable events include planned medical treatment or your child's birth. For unforeseen events, such as accidental injury causing a serious health condition, premature birth or sudden change in your health, you are required to request the leave as soon as it is possible and practical to do so. The Medical School's Family and Medical Leave of Absence Policy contains an explanation of your rights and obligations regarding leaves of absence under the Medical School's Policy and the FMLA.

Name: _____ Employee ID # _____

Address: _____
Street / P.O. Box City Zip Code

Home Phone: _____ Today's Date: _____

Department: _____ Position: _____

Supervisor: _____ Date of Hire: _____

The reason you are requesting a leave of absence is (check the appropriate box):

- ☐ **EMPLOYEE MEDICAL LEAVE** – *your own serious health condition that prohibits you from performing the essential function(s) of your job.*
- ☐ **FAMILY MEDICAL LEAVE** – *the need to care for your spouse, child or parent who has a serious health condition.*
- ☐ **NEW CHILD LEAVE** – *the birth of your child or the placement of a child with you for adoption or for foster care. (If you gain a dependent through birth or legal adoption of a child while you are on leave, you must complete a benefits enrollment/change form within 62 days of this family status change in order to cover the new dependent under your health care plan through the University. If this paperwork is not submitted to your benefits office within 62 days of the birth/adoption, your child will not have coverage after the birth and will not have any coverage if adopted. If you experience a family status change other than the addition of a dependent while you are on leave, you must complete a benefits enrollment/change form within 31 days of the change.)*
- ☐ **MILITARY EXIGENCY LEAVE** – *a qualifying exigency arising out of the fact that your spouse, child, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.*
- ☐ **MILITARY CAREGIVER LEAVE** - *the need to care for your spouse, child or parent or next of kin who has a serious injury or illness incurred when he or she was serving as a member of the Armed Forces in the line of active duty.*

Have you taken a leave of absence under this Policy during the past twelve months?

☐ Yes ☐ No If yes, when was the last such leave? _____

If your spouse works for the University, has your spouse taken a leave of absence under this Policy during the past twelve months?

☐ Yes ☐ No If yes, when was the last such leave? _____
☐ Not applicable

If you are requesting NEW CHILD LEAVE, please answer the following questions:

Requested Leave Time: From _____ To _____

What is the: ☐ anticipated or ☐ actual date of birth or placement? _____

If you are requesting a FAMILY MEDICAL LEAVE or EMPLOYEE MEDICAL LEAVE, please answer the following questions:

Have you submitted the necessary medical certification with this form? ☐ Yes ☐ No

Are you requesting full-time leave? ☐ Yes ☐ No

If you are requesting full-time leave, please answer the following questions:

What is your requested leave time? From _____ To _____

What other dates would be appropriate for the leave? _____

Are you requesting intermittent or reduced schedule leave? ☐ Yes ☐ No

If yes, please answer the following questions:

Why is it medically necessary for you to have intermittent or reduced schedule leave? _____

For which dates, times or schedules are you requesting leave? _____

For which dates, times, or schedules would be appropriate for your intermittent or reduced schedule leave? _____

What employment positions are available that you believe would more easily accommodate your requested leave? _____

By signing below, you are certifying that you have read the Medical School's Family and Medical Leave of Absence Policy and that you agree to abide by the requirements of the Policy. Failure to abide by these requirements may result in delay or denial of your leave, or it may result in disciplinary action up to and including termination of your employment. By signing, you also affirm that you have been and will be truthful and sincere in your request for a leave of absence.

Date: _____ Employee Signature: _____

This section to be completed by Department

Has this employee completed 12 months of service? ☐ Yes ☐ No
Has this employee worked more than 1250 hours in the past 12 months? ☐ Yes ☐ No
Has this employee been on FMLA in the last 12 months? ☐ Yes ☐ No
Has this employee exhausted 12 weeks of FMLA leave? ☐ Yes ☐ No

☐ Approved:

- ☐ Enter approved leave online in the payroll system (HRMS).
- ☐ Send a copy of the completed response letter, application and medical certification (if applicable) to Human Resources, Campus Box 8002.

☐ Disapproved (Explanation)* _____

Date: _____ Supervisor Signature _____

*Contact the Human Resources Office.