

# FAMILY AND MEDICAL LEAVE FORM

Employees must notify their supervisor and the Workforce Management Organization at least thirty (30) days in advance of the date leave is to begin if the need for the leave is foreseeable. If the need for leave is not foreseeable, such as a medical emergency, or changed circumstances, the employee must give as much advance notice as possible under the circumstances.

**EMPLOYEE COMPLETES:** \_\_\_\_\_  
Name (Please Print) Department Social Security Number

\_\_\_\_\_  
Address (Apartment No., Street, City, State, Zip Code)

\_\_\_\_\_  
Telephone Number Hire Date

**Reason for Leave Request:**

- \_\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care;
- \_\_\_\_\_ Your own serious health condition;
- \_\_\_\_\_ You are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.
- \_\_\_\_\_ A qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ You are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

**FMLA Leave Dates:** Anticipated begin date \_\_\_\_\_ Anticipated end date \_\_\_\_\_

FMLA leave may be taken intermittently, in separate blocks of time due to a single qualifying reason.  
**Will the leave be Intermittent FMLA leave?** \_\_\_ Yes \_\_\_ No If yes, specify dates requested: \_\_\_\_\_

In the case of Intermittent FMLA leave, employees are required to complete and submit the Intermittent FMLA Leave Tracking Form to the supervisor for the supervisor to submit to the Workforce Management Organization according to the routine timekeeping schedule.

Requests for leave must be submitted for each separate qualifying purpose, and must be renewed annually in the case of intermittent FMLA leave.

Employees may be required to periodically report on the status and intention of the employee to return to work while on FMLA Leave.

Employees who request FMLA leave because of a serious health condition, whether their own or a family member's, are required to submit a completed "Certification of Health Care Provider" to the Workforce Management Organization. Subsequent re-certifications will be required as necessary. Failure to timely provide certification or recertification may delay the taking or continuation of FMLA leave. **You are required to complete the Certification of Health Care Provider by \_\_\_\_\_.** Employees must obtain a Fit for Duty Certification from a Health Care Provider before their return to work and forward to the Workforce Management Organization.

Employees are required by the University to supplement FMLA leave with accrued sick or vacation hours. FMLA leave may run concurrent with sick or vacation hours for pay purposes. Once paid leave is exhausted, the remainder of the FMLA leave is unpaid. While on unpaid status, you will not accumulate vacation and sick hours.

Employees must submit timesheets while on leave and designate the FMLA hours used.

**EMPLOYEE SIGNATURE:** Sign and forward this form to your supervisor.

\_\_\_\_\_  
Employee Signature/Date

**SUPERVISOR:** Supervisors must maintain accurate records of FMLA leave taken for non-exempt employees using the Non-Exempt Employee Timesheet and the Exception Time Report for exempt employees. It is critical that this information is provided in a routine manner, in accordance with established timesheet schedule, to the Workforce Management Organization Payroll Office and to the FMLA Coordinator. In the case of Intermittent FMLA leave, supervisors are required to obtain the Intermittent FMLA Leave Tracking Form from the employee and submit to the Workforce Management Organization also according to the routine timekeeping schedule. Supervisors must ensure PAFs are initiated in a timely manner. Examples of PAF actions are to initiate the leave and to end the leave in the system. Supervisors must notify the Workforce Management Organization when the employee returns to work.

\_\_\_\_\_  
Supervisor Name (Please Print)/Supervisor Signature/Date