



FMLA Employee Request

**For Leave of Absence under the Federal Family and Medical
Leave Act (FMLA)
(To be completed by Employee)**

Please read carefully the information regarding your family/medical leave entitlements under (FMLA) law. Then complete this form (pages 1 – 4) and return it to Human Resources/Benefits Office. Be sure to attach or provide promptly any required documentation.

Under FMLA, employees are entitled to take up to 12 weeks of unpaid leave in a 12-month period provided they meet eligibility and reason for leave requirements.

Military Family Leave: Federal: Eligible employees who are family members of covered service members will be able to take up to 26 workweeks of unpaid federal FMLA leave in a “single 12-month period” to care for a covered service member with a covered serious illness or injury incurred or aggravated in the line of duty on covered active duty and/or up to 12 workweeks of unpaid federal FMLA leave because of any qualifying exigency arising out of the fact that employee’s spouse, son, daughter, or parent is a covered service member on covered active duty..

Note: *A leave request based on an employee’s serious health condition or the serious health condition of an employee’s spouse, child or parent must be accompanied by a verifying medical certification from a licensed physician or other “healthcare provider.” (Form - Employee or Caregiver Medical Certificate)*

Note: *A leave request for “military family leave” must be accompanied by a certification (Military Leave Certification for Serious Injury).*

Employee Name: _____ **X-ID:** _____

Title/Dept.: _____ **Supervisor:** _____

Home Address: _____

Reason for Request: *(Check reason)*

- birth of your child;
- adoption of a child by you;
- placement of a foster child with you;
- a serious health condition/serious illness that makes you unable to perform the essential functions of your job
- a serious health condition/serious illness affecting your – (check one)
 - child spouse parent
- Military Family Leave – because of a “qualifying exigency” arising out of the fact that your – (check one)
 - spouse ; son or daughter; parent is on covered active duty.

____ Military Family Leave – because you are the ____ spouse; ____ son or daughter; ____ parent;
____ next of kin of a covered service member with a “covered serious injury or illness”.

Duration of Leave: (from) _____ (to) _____
(month/day/year) (month/day/year)

Does your spouse work for the College? _____ (yes) or _____ (no)

Use of Accruals (check as applicable)

(1) Birth of Your Child

(a) **Mother**– Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours

____ Vacation Accruals: ____ days; ____ hours

____ Unpaid Time: ____ days; ____ hours

(b) **Father/Spouse**– Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours

____ Vacation Accruals: ____ days; ____ hours

____ Unpaid Time: ____ days; ____ hours

(c) **Adoption or placement of a foster child with you** - Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours

____ Vacation Accruals: ____ days; ____ hours

____ Unpaid Time: ____ days; ____ hours

(2) Employee’s Own Serious Health Condition/Serious Illness

Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours
____ Vacation Accruals: ____ days; ____ hours
____ Sick Leave Pool*: ____ days; ____ hours
____ Unpaid Time: ____ days; ____ hours

* if enrolled

If requesting “intermittent leave” or “reduced leave schedule”, complete page 4.

(3) Serious Health Condition/Serious Illness of Spouse, Child, Parent

Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours
____ Vacation Accruals: ____ days; ____ hours
____ Unpaid Time: ____ days; ____ hours

If requesting “intermittent leave” or “reduced leave schedule”, complete page 4.

(4) Military Family Leave: Covered Serious Injury or Illness of a Covered Service Member

To be used if your absence is to provide care for a covered servicemember with a covered serious injury or illness, who is a member of your immediate family. Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours
____ Vacation Accruals: ____ days; ____ hours
____ Unpaid Time: ____ days; ____ hours

If requesting “intermittent leave” or “reduced leave schedule”, complete page 4.

(5) Military Family Leave: Qualifying Exigency or Crisis

To be used if your absence is because of a qualifying crisis arising out of the fact that your spouse, son, daughter, or parent is a covered servicemember on covered active duty. Under FMLA your Leave will be unpaid. However you may elect to use your accrued time.

Fill in the amount of time you wish to use.

____ Sick Leave: ____ days; ____ hours
____ Vacation Accruals: ____ days; ____ hours
____ Unpaid Time: ____ days; ____ hours

If requesting “intermittent leave” or “reduced leave schedule”, complete page 4.

Intermittent*/Reduced Schedule Leave:**

Under FMLA, under certain conditions, leave can be taken intermittently or on a reduced leave schedule for:

- A serious health condition (child’s, spouse’s, parent’s or employee’s).
- Military Family Leave – to care for a covered servicemember with a “covered serious illness or injury”.
- Military Family Leave – because of a “qualifying exigency”.

(Answer “yes” or “no”) _ ____ Yes ____ No *I am requesting authorization for “intermittent leave”*, **or***
(Answer “yes” or “no”) _ ____ Yes ____ No *I am requesting authorization for “reduced leave” schedule”.***

If yes, explain.

* —**Intermittent leave** is leave taken in separate blocks of time due to a single qualifying reason.
** **“Reduced leave schedule”** is a leave schedule that reduces an employee’s usual number of working hours per work-week, or hours per workday. It is a change in the employee’s schedule for a period of time, normally from full-time to part-time.

(Employee Signature)

(Date)

Return the completed form(s) to Human Resources/Benefits Office.