



FAMILY AND MEDICAL LEAVE REQUEST

FMLA requires employers to provide up to 12 weeks of job-protected leave to eligible employees under any of the conditions stated below. Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take leave when the need is foreseeable and such notice is practicable. If leave is foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable – generally, either the same or the next business day. When the need for leave is not foreseeable, the employee must provide notice to the University in accordance with the University’s leave policy.

I, _____, am requesting to take leave according to the Family and Medical Leave Act for the following reason:

(Check the appropriate box)

- The birth of my child or placement of a child with me for adoption or foster care
- A serious health condition that makes me unable to perform the essential functions of my position.
- A serious health condition affecting my _____ spouse, _____ child, or _____ parent for which I am needed to provide care. (Documentation of the health condition required.)
- Because of a qualifying exigency arising out of the fact that my _____ spouse, _____ son or daughter, or _____ 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.
- Because I am the _____ spouse, _____ son or daughter, _____ parent, or _____ next of kin of a covered service member with a serious injury or illness.

Requested leave would begin on _____.

The expected return date is _____.

I understand that in order to be eligible for Family and Medical Leave, I must be employed by the University for 12 months and must have worked at least 1,250 hours during the 12 months immediately preceding the leave.

Upon approval of this request, I accept the conditions of the University’s Family and Medical Leave Act Policy.

_____	N _____
Print Name	Employee ID

_____	_____
Employee Signature	Date

APPROVED:

_____	_____
Human Resources	Date

NOTIFICATION ACKNOWLEDGED:

_____	_____
Supervisor	Date