



HUMAN RESOURCES

Application for Family or Medical Leave (FMLA)

(FMLA entitles eligible employees to up to 12 weeks time off in a 12-month period for personal illness, birth or adoption of a child, or the serious illness of a close family member. Medical benefit continues during the leave, however, pay may not. Employees with 12 or more continuous months of service are generally eligible. Refer to policy HR 08.225, or contact a benefits counselor in Human Resources.)

Name of Employee: _____ Banner ID: _____

Date of Hire: _____ Start Date of Leave: _____ Expected End Date: _____

Hours per week requested: _____. Specify your schedule if less than full-time leave is required: _____

Leave is for: ____ Personal Illness ____ Adoption or Birth of a Child ____ Family Member Illness

Have you been absent from work (paid or unpaid) for personal illness, birth of a child, or family member illness during the last 12 months? If yes, please provide dates:

EPA or SPA Staff (Must Attach Current Time-Sheet)

Use of Accrued leave: Sick: From _____ to _____. Total Hours: _____
Vac: From _____ to _____. Total Hours: _____
LWOP: From _____ to _____.

Do you wish to apply for Shared Leave? ____ Yes ____ No
[Employee must exhaust all sick, vacation, & bonus leave to be eligible for shared leave donations.]

Faculty (9 month non-leave earning):

See Faculty Disability & Family Medical Leave Salary Continuation Policy

Use of Faculty Disability salary continuation: From: _____ to _____ (max of 3 months)

I plan to:

- Not work at all during the period covered by salary continuation.
Work a reduced schedule in combination with salary continuation. (Contact HR)

Faculty should complete Postponement of RTP and Post Tenure Review form.

This application must be accompanied by medical documentation from the patient's physician, or other supporting documentation as appropriate. A current signed time sheet or leave record must also be attached for leave earning employees.

Employee's Signature: _____ Date: _____

Note: Should need for time off exceed paid leave time available, please contact Human Resources for further information on shared leave, leave without pay, or disability income.

Approved by Human Resources: _____ Name Date

Comments: _____

cc: Employee
Department Head