



Leave of Absence Request Form

Name: _____

PIDM: _____

Job Title: _____

Department: _____

Supervisor: _____

Employee Type: _____
(Staff, Administrator, Faculty)

My leave will begin on _____ and I anticipate being able to return to work on _____.

Any absence from work that exceeds three (3) consecutive workdays is considered a leave of absence. There are various leave types available to eligible employees. Please read the information provided below and select the leave type that you feel best describes your situation.

To be eligible for a Family Medical Leave Act (FMLA) you must:

- Have worked for the Company for a total of at least 12 months
-AND-
- Have worked at least 1250 hours over the previous 12 months

Please place a mark in the box next to the leave type that you are requesting:

FMLA Leave of Absence for your own disability (including occupational):

This leave type provides 12 weeks of job protection in accordance with Federal and State laws, which is tracked based on a rolling 12 month period.

- ✓ I have informed my supervisor of leave
- ✓ I understand that I must meet the eligibility requirements for this type of leave of absence and must provide supporting medical documentation.
- ✓ I understand that I am required to use my available sick and vacation leave benefits at the time the leave commences.
- ✓ I understand that my medical benefits will continue while I am using my sick and vacation benefit.
- ✓ I understand If my leave becomes unpaid, I will be required to pay my premium coverage to continue my medical benefits by submitting a check monthly to the payroll department (*please see Employee Handbook book for more information.*)
- ✓ I understand that I may use my accrued vacation, sick leave benefits to supplement my UIW/IWHS/SACHS sponsored STD benefits or workers comp lost wage benefits (up to 100% of my regular weekly wages). Must have approval by Human Resources department to supplement sick and vacation.
- ✓ I understand that my leave can be taken continuously or intermittently.
- ✓ **Pregnancy Leave Only:** I understand that a newborn leave must be completed within 12 months after the birth, adoption or placement of the child. And my leave can only be taken continuously.

FMLA Leave of Absence in order to care for an approved family member:

This leave type provides 12 weeks of job protection in accordance with Federal and State laws, which is tracked based on a rolling 12 month period.

I am requesting this time off for my: (please check one)

Spouse Parent Child

- ✓ I have informed my supervisor of leave
- ✓ I understand that I must meet the eligibility requirements for this type of leave of absence and must provide supporting medical documentation.
- ✓ I understand that I am required to use my available sick and vacation leave benefits at the time the leave commences.
- ✓ I understand that my medical benefits will continue while I am using my sick and vacation benefit.
- ✓ I understand If my leave becomes unpaid, I will be required to pay my premium coverage to continue my medical benefits by submitting a check monthly to the payroll department (*please see Employee Handbook for more information.*)
- ✓ I understand that my leave can be taken continuously or intermittently.

Military-related FMLA Qualifying Exigency leave:

This leave is available to eligible employees while the employee's spouse, child or parent is on active duty or call to active duty. This leave type provides 12 weeks of job protection in accordance with Federal and State laws, which is tracked based on a rolling 12 month period.

I am requesting this time off for my: (please check one)

Spouse Parent Child

- ✓ I have notified my supervisor of my leave
- ✓ I understand that I must meet the eligibility requirements for this type of leave of absence.
- ✓ I understand that I am required to complete the pertinent certification form within 15 days of requesting a qualifying exigency leave.
- ✓ I understand that I am also required to provide a copy of the covered military member's active duty orders, or documentation of the call to active duty.
- ✓ I understand that a qualifying exigency leave is available only when the covered military member is a member of the National Guard or Reserve or a retired member of the Regular Armed Forces or Reserve and is called to duty in that capacity. It is not available when the covered military member is a member of the Regular Armed Services.
- ✓ I understand that I am required to use my available sick and vacation leave benefits at the time the leave commences.
- ✓ I understand that my medical benefits will continue while I am using my sick and vacation benefit.
- ✓ I understand If my leave becomes unpaid, I will be required to pay my premium coverage to continue my medical benefits by submitting a check monthly to the payroll department (*please see Employee Handbook for more information.*)
- ✓ I understand that my leave can be taken continuously or intermittently.

Military- Related FMLA caregiver leave

FMLA leave to care for a current member of the Armed Forces, including National Guard or Reserves, who has incurred an injury or illness in the line of duty, may take up to 26 workweeks of job protection during a 12 month period. Also, an employee can take time off to care for a covered veteran who was discharged under conditions other than dishonorable at any time during the five-year period prior to the first date the employee takes FMLA leave.

I am requesting time off to care for my: (please check one)

Spouse Parent Child

- ✓ I have notified my supervisor of my leave
- ✓ I understand that I must meet the eligibility requirements for this type of leave of absence.
- ✓ I understand that I am required to complete the pertinent certification form within 15 days of requesting this type of leave.
- ✓ I understand that I am required to use my available sick and vacation leave benefits at the time the leave commences.
- ✓ I understand that my medical benefits will continue while I am using my sick and vacation benefit.
- ✓ I understand If my leave becomes unpaid, I will be required to pay my premium coverage to continue my medical benefits by submitting a check monthly to the payroll department (*please see Employee Handbook for more information.*)
- ✓ I understand that my leave can be taken continuously or intermittently.

Personal Medical Leave of Absence (non-FMLA)

Full time employees who do not qualify for leave under FMLA may apply for medical leave for your own or a family member's serious health condition.

To be Eligible for Personal Medical Leave employee must have 6 months and no more than one year of continuous employment. This leave type provides a maximum of 12 weeks leave, which is tracked, based on a "rolling" 12 month period.

- ✓ Must be taken as a continuous basis only.
- ✓ I understand that I am required to use my available sick and vacation leave benefits at the time the leave commences.
- ✓ I understand that I am required to complete the pertinent certification form within 15 days of requesting a personal medical leave.
- ✓ I understand that I am required to use my available sick and vacation time during my absence.
- ✓ Will stop accruing sick and vacation benefits after 30 days on personal leave.
- ✓ I understand that my medical benefits will continue while I am using my vacation, sick benefit.
- ✓ I understand If my leave becomes unpaid, I will be required to pay my premium coverage to continue my medical benefits by submitting a check monthly to the payroll department (*please see Employee Handbook for more detailed information.*)

PLEASE NOTE: The University retains the sole discretion to interpret provisions of the leave policy and may change its policies and practices at any time for any reason.