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, the serious illness of a close family member, qualifying exigency or military caregiver leave. Employee 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

_____ Qualifying Exigency   _____ Military Caregiver Leave (up to 26 weeks in a 12 Month Period)

Have you been absent from work (paid or unpaid) for an FML eligible leave during the last 12 months? _____________

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

Use of Accrued leave:

Sick: From ________________ To ________________. Total Hours______

Vacation/Bonus: From ________________ To ________________. Total Hours______

Leave W/O Pay: From ________________ To ________________. Total Hours______

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.

Copy:  ____Employee
      ___ Supervisor