

Employee Leave of Absence Request Form

A. Employee Information While on Leave

Name: _____ University ID: _____
 Home Address: _____ Preferred Email: _____
 _____ Home Phone: _____
 Department: _____ Supervisor: _____

B. Event(s) or Reason(s) for Leave

I request a leave of absence for the following reason:

- Medical leave for my own serious health condition
- Family leave for the: Birth of a child Placement of a child with me for adoption or foster care
 Anticipated date of birth or placement: _____
- Family leave to care for my family member with a serious health condition
 Relationship: Spouse Child Parent Other _____
- Qualifying Military Exigency Leave
- Military Caregiver Leave

C. Leave Duration

Start date of leave: _____ Anticipated date of return: _____

D. Leave Type Requested

- Continuous Intermittent Reduced Schedule
- *Employees eligible for FMLA leave will need to provide a corresponding certification form relevant to the leave situation which must be completed by an appropriate healthcare provider.*
- *Employees **not eligible** for FMLA medical leave for their own condition should provide a detailed healthcare provider's statement which includes: the reason for leave, anticipated duration of leave, and estimated return to work date.*

E. Authorization and Certification

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in the denial of the leave and will subject me to discipline up to and including termination.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor's signature acknowledges request for leave. Official FMLA qualification and/or approval is handled through Human Resource Services (HRS).

F. Form Routing

Please return signed form to: Human Resource Services, 027 Gilchrist, 0034.

For additional information please contact HRS or visit <https://hrs.uni.edu/mybenefits>

This area to be completed by Human Resource Services

FMLA eligible Not FMLA eligible Unpaid Catastrophic leave Notify Benefits PAF

HRS Notes

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