

APPLICATION FOR FMLA LEAVE

Name: _____ Employee SS#: _____ Date: _____

Department: _____ Job Title: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. According to the ULM Family and Medical Leave (FMLA) policy, you are required to exhaust annual, sick, and compensatory leave before going on leave without pay for FMLA leave.

Submit this request form to your supervisor at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as early as is practicable.

EMPLOYEE STATEMENT:

I am requesting leave for the following reason:

- for a serious health condition that makes me unable to perform my job
(Medical certification must be provided 15 days after date of application)
- to care for a family member with a serious health condition of
(Medical certification must be provided 15 days after date of application)

Spouse Name: _____
Child Name: _____
Parent Name: _____

- the birth of a child
Expected delivery date: _____
- the placement of a child for adoption or foster care

DATE OF LEAVE REQUESTED

I request leave from _____ to _____

I request intermittent leave according to the following schedule.

I request reduced schedule leave according to the following schedule.

The total number of days of leave that I request is: _____

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor.

While on paid leave, ULM will continue to make payroll deductions to collect the employee's share of the health care premium. While on unpaid leave, you must make payment either in person or by mail. Your payment must be received by Lynn Jones in the Payroll Department by the 10th day of each month. If the payment is more than 30 days late, your health care coverage will be dropped for the duration of the leave. You will need to contact Lynn Jones to make arrangements to continue other benefits during unpaid leave.

Supervisor's Signature

Date

Employee Signature

Date