



Family and Medical Leave Request Form

Is this leave related to an On the Job Injury (OJI)? <input type="radio"/> Yes <input type="radio"/> No	Reason for Leave, Choose One: <input type="radio"/> Serious Health Condition of Employee (including pregnancy) <input type="radio"/> Serious Health Condition of Family Member <input type="radio"/> Bonding with newborn, adoption, or foster care placement <input type="radio"/> Military Caregiver <input type="radio"/> Military Qualifying Exigency
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Employee Last Name	First Name	MI	Office Phone	Home Phone
Street Address		City	State	Zip Code
Email Address	Supervisor's Name	Supervisor's Phone Number	Supervisor's Email	

If leave is for a qualifying family member:	Patient's Name:	Relationship to Employee:
	Is spouse UAS employee ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Name:

Requested Dates of Leave:	Estimated Start Date (First day of absence):	Estimated End Date (Last day of absence):
Type of Leave:	<input type="checkbox"/> Continuous (Uninterrupted block of time) <input type="checkbox"/> Intermittent (Employee takes only part of a day or takes a day off, then returns to work for a period of time, then takes another day off)	

Paid Leave to be Used:	Please indicate the number of hours or days to be used and in what order.	
	Order of preference (e.g. 1 st , 2 nd , 3 rd)	Number of Hours/Days
Sick Leave		
Annual Leave		
Personal Leave		
Unpaid Leave		

<input type="checkbox"/> I elect to continue benefits during any unpaid portion of my leave. Check any that apply:	<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Flexible Spending
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When the need for leave is foreseeable, the employee must apply in advance, if possible, 30 days in advance. If the need for leave is unforeseen, the employee must provide such notice as is practicable (within 1-2 business days or when the need for leave becomes known). If the employee does not advise the supervisor or the appropriate designee that the reason for his or her leave was covered by FMLA, he or she has **two business days** upon returning to work to so inform such supervisor or appropriate designee; otherwise, the employee may not subsequently assert FMLA protections. Failure to request Family and Medical Leave in a timely manner could result in the delay of your request.

This form must be filled out completely, including supervisor's signature, and returned to Human Resources.

FAMILY MEDICAL LEAVE REQUEST

You are required to furnish medical certification for a serious health condition for yourself (including pregnancy) or a family member. You must furnish this certification within 15 days after you apply for Family and Medical Leave. For your own medical leave, the certification must include information that you are or will be unable to perform one or more of the essential functions of your job.

If you normally pay a portion of the premiums for health insurance, these payments must continue during the period of Family and Medical Leave.

You are responsible for timely payment of your portion of premiums for health and other benefits you elect to continue during leave. If you are in a paid status during any part of your leave, usual deductions will be made from your paycheck. If you are in an unpaid status, you must make arrangements to pay your usual contribution.

If the premiums for insurance become past due for 30 days or more and a 15 day written notification has been issued, coverage will be cancelled and cannot be reinstated until you return to a paid status.

You may be required to present to your supervisor a fitness-for-duty certificate from your attending physician prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until such certification is provided.

While on leave, you may be required to furnish your supervisor with periodic reports of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the notification approving your leave, you must provide at least 3 days advance notice to your supervisor.

If major life events (e.g. marriage, birth, adoption, new job, divorce or death) occur, changes to certain benefits must be made **within 30 days** of the event. An employee must complete and return the appropriate documentation to the Benefits Office within this 30 days in order for changes to be effective immediately. Failure to complete the necessary documentation within the specified timeframe will result in the employee having to wait until the annual open enrollment period to make changes to his/her benefits that will be effective the following January 1. Additional changes may also be made within 30 days of any subsequent qualifying life event.

My signature below authorizes the release of my Certification of Health Care Provider form and any other relevant information Human Resources may need to administer this request for Family and Medical Leave to The University of Alabama System Office.

Employee Signature

Date

Signature of Supervisor,
Supervisor's Designee or Manager

Date

**Completed forms must be returned to Human Resources
500 University Blvd E, Tuscaloosa, AL 35401**

For assistance, call Human Resources at 348-4567

Additional information about Family and Medical Leave and benefits is available on The System Office website at <https://uasystem.edu>. Forms related to Family and Medical Leave are also located on the website.