

# Family and Medical Leave (FML) Request Form



Employee Last Name	First Name	MI	CWID	Office Phone	Home Phone
Street Address		City		State	Zip Code
Supervisor's Name <i>(required)</i>			Supervisor's Phone Number	Supervisor's Email Address	
Employee's Email Address* <i>(required)</i>			Employee's Personal Email Address*		

**\* NOTICE: Your FML Administrator will send all correspondence electronically with read receipt to your official UAS email address and any personal email address(es) provided, unless you affirmatively opt-out of receiving emails related to FMLA.**

<b>REASON FOR LEAVE, CHOOSE ONE:</b> <input type="checkbox"/> Serious health condition of employee (including pregnancy) <input type="checkbox"/> Serious health condition of family member (spouse, child, or parent) <input type="checkbox"/> Bonding with newborn, adoption, or foster care placement <input type="checkbox"/> Military qualifying exigency <input type="checkbox"/> Military caregiver <input type="checkbox"/> Qualifying childcare need related to public health emergency	<b>Is this leave related to an On the Job Injury (OJI)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Are you enrolled in The Standard's short-term disability plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, do you plan to use STD for this event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>REQUESTED LEAVE PERIOD:</b>	<b>Estimated Start Date (first day of absence):</b>	<b>Estimated End Date (last day of absence):</b>
	<input type="checkbox"/> <b>Continuous</b> (uninterrupted block of time)	<input type="checkbox"/> <b>Intermittent</b> (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)

**IF LEAVE IS FOR THE SERIOUS HEALTH CONDITION OF A QUALIFYING FAMILY MEMBER:**

Patient's Name:	Relationship to Employee:
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*Please indicate the number of hours or days to be used at the onset of leave and in what order.*

PAID OR UNPAID LEAVE DESIGNATION	Order of Preference (e.g., 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )	Number of Hours/Days
Sick Leave		
Annual Leave		
Personal Leave		
Unpaid Leave		

<b>I elect to continue benefits during any unpaid portion of my leave. Check any that apply:</b>	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Flexible Spending Account or Health Savings Account <input type="checkbox"/> Other: _____
	<b>If continuing benefits unpaid, how do you plan to pay premiums?</b> <input type="checkbox"/> Lump sum check <input type="checkbox"/> Arrears deducted from future paychecks

**Leave Request Timeline:** When the need for leave is foreseeable, the employee must give 30 days advance notice, if possible and practical. If the need for leave is unforeseen, the employee must comply with their department's usual and customary notice call-in procedures for reporting an absence, unless unusual circumstances exist. If the department does not have call-in procedures, the unforeseen leave should be reported as soon as possible and practical (within 1-2 business days unless unusual circumstances exist.). If the employee does not advise the supervisor or the appropriate designee that the reason for leave was covered by FMLA, the employee has two business days upon returning to work to inform supervisor or appropriate designee; otherwise, the employee may not subsequently assert FMLA protections.

This form must be filled out completely and returned to Human Resources at 500 University Blvd. East, Tuscaloosa, AL 35401 or email [jharrison@uasystem.edu](mailto:jharrison@uasystem.edu). Additional information about Family and Medical Leave and related forms are available on [The UA System's Administration website page](#).

# Important Information for Employees

**Paid or Unpaid Leave Status:** You must elect to use accrued sick leave or annual leave at the onset of your FMLA absence prior to taking unpaid leave. You do not have to exhaust personal leave prior to taking unpaid leave. If you go into an unpaid status, you will remain in such status until the end of the approved leave period and you return to work. You may not opt out of using approved FMLA leave.

**Medical Certification Required:** You are required to furnish medical certification for a serious health condition for yourself (including pregnancy) or a qualified family member. You must furnish this certification within 15 days from the date of your Family and Medical Leave request. 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.

**Continuation of Benefits and Premium Payment:** You are responsible for timely payment of your employee portion of premiums for health insurance and other benefits you elect to continue during the period of Family and Medical 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 will have the following premium payment options after you return to work: 1) a lump sum check payment, or 2) payroll arrears deducted over subsequent pay periods, subject to the following arrears schedule:

Benefits Premium Deductions	Arrears Deduction Schedule following Unpaid Leave(s)
Health, Dental, Vision, Healthcare/Dependent Care FSA or HSA	Deductions distributed over a period equal to the number of unpaid pay periods, up to a maximum of three (3) months or six (6) biweekly paychecks
Voluntary Employee Life, Voluntary AD&D, Short Term Disability	Lump sum deduction from first available paycheck upon return to work

**Return-to-Work Notice:** You may be required to present to your supervisor a return-to-work notice from your healthcare provider prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

**Leave Status Reports:** While on leave, you may be required to furnish your supervisor with periodic reports of your status (at least once every 30 days) 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 three business days advance notice to your supervisor.

**Qualifying Life Events:** 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-day period in order for changes to be effective immediately. Employees who fail to complete the necessary documentation within the specified timeframe will be required to wait until the next annual open enrollment period to make changes to benefits effective the following January 1<sup>st</sup>. Changes may also be made within 30 days of any subsequent qualifying life event.

**Short Term Disability Benefits:** The Standard's short-term disability insurance plan will run concurrently with eligible FMLA leave requests. In order to receive disability payments, employee must be approved by The Standard and must be off work/unpaid (e.g., you cannot receive on-the-job injury benefits or use accrued sick leave while on short-term disability; using annual leave and personal leave is permitted). Employees may use accrued leave during the applicable plan waiting period before payments start. Leave requests for bonding with a newborn, adoption or foster care placement will not qualify as an approved disability. Additional information about short term disability benefits is available online.

**ACCEPTANCE OF ELECTRONIC NOTIFICATIONS:** To expedite your paperwork processing and receive a quicker response, your FML Administrator will send all correspondence electronically with a read receipt to your official UAS email address and any personal email address(es) provided. Supervisors will be copied on all emails, excluding those containing sensitive or health-related information. Please acknowledge your notification preference below:

- Yes**, I agree to receive FMLA correspondence electronically and wish to opt-in to future emails related to my FMLA.
- No**, I do not agree to receive FMLA correspondence electronically and wish to opt-out and be notified via certified mail.

**My signature below indicates I have read and understand all information contained within this Family and Medical Leave request form and hereby authorizes the release of my Certification of Health Care Provider and any other information needed to administer this request for Family and Medical Leave to the UA System Office.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Completed request forms must be returned to Human Resources (500 University Blvd. East, Tuscaloosa, AL 35401). For assistance, call (205) 348-9506 or email [jharrison@uasystem.edu](mailto:jharrison@uasystem.edu).**