



Office of Human Resources

Request for Family and Medical Leave (FMLA)

Please complete the applicable sections below and forward this request to The Office of Human Resources. You will be required to use accrued vacation, personal, floating holiday, and sick time (if applicable), prior to any unpaid portion of FMLA leave, provided that the total leave arrangements under this policy do not exceed 12 weeks in a "rolling" 12-month period measured backward from the date of any FMLA leave usage, and you are otherwise eligible.

Reason for Family and Medical Leave: (check one)

- _____ The birth of a child, or placement of a child with you for adoption or foster care;
- _____ Your own serious health condition;
- _____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- _____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- _____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered Service member with a serious injury or illness.

Comments/Explanation:

Anticipated Date of Leave: _____ Anticipated Date of Return: _____
(Date) (Date)

I hereby apply for a Family and Medical Leave for the purpose indicated above. I understand that at the conclusion of the approved leave, I will return to the same or similar position and salary. I understand that failure to return to work on or before the scheduled return date indicated below shall be considered as resignation of employment from Utica College.

I agree to provide certification, if requested, verifying the serious health condition or a qualifying exigency of my spouse, domestic partner, child, parent, covered service member, or myself. I hereby authorize Utica College to contact my physician to verify the reason for my requested leave or for any other related information concerning my requested Family and Medical Leave.

Applicant's Name: _____ Position: _____
(Please print)

Applicant's Signature: _____ Date: _____

Supervisor Acknowledgement: _____ Date: _____
(Signature)

FOR OFFICE OF HUMAN RESOURCES USE ONLY

Human Resources Approval: _____ Date: _____ Employee's Start Date: _____

Paid Leave to Begin: _____ Unpaid Leave to Begin: _____ Return to Work: _____

Accrued leave time to be paid during FMLA leave:

_____ Vacation hours _____ Personal hours
_____ Floating Holiday time _____ Sick leave (if applicable)