

Family and Medical Leave of Absence Request Form for Faculty and Other Academic Appointees

____ Faculty ____ Clinical Scholar ____ School of Medicine ____ Senior Lecturer ____ Other Academic Appointee

Please Print

Name: _____ Title: _____ Department/School: _____

Home Address: _____ City, State, Zip Code: _____

I REQUEST A FAMILY AND MEDICAL LEAVE OF ABSENCE (FMLA) AS FOLLOWS:

REASONS FOR LEAVE OF ABSENCE: (check one)

FACULTY/CLINICAL SCHOLAR/SCHOOL OF MEDICINE

- Health Condition:
 - Self
 - Spouse
 - University-registered domestic/civil union partner
 - Child
 - Parent
- Birth/Care of Newborn (Spouse/Partner had/adopted baby)
- Placement/Adoption/Foster Care
- Military

SENIOR LECTURER/OTHER ACADEMIC APPOINTEE

- Health Condition:
 - For self, use Short-term Disability form
 - Spouse
 - University-registered domestic/civil union partner
 - Child
 - Parent
- Birth/Care of Newborn (Spouse/Partner had/adopted baby)
- Placement/Adoption/Foster Care
- Military

Begin Date of Leave: _____

End Date of Leave: _____

Intermittent Leave (specify frequency and duration estimates. Additional information may be required from health care provider.)

NOTE: FMLA requests may be based on: (i) the academic employee's non-work related illness or injury that constitutes a "serious health condition" within the meaning of the FMLA; (ii) the "serious health condition" of the academic employee's spouse, University-registered domestic or civil union partner, child, or parent; or (iii) the birth or adoption of a child.

PRINCIPAL INVESTIGATOR / FEDERAL COMPLIANCE

1. I am the principal investigator on a federal grant: Yes ___ No ___
2. [If you answered yes to #1 above]: Do you plan to be on leave for 3 months or more? Yes ___ No ___
3. [If you answered yes to #2 above]: Do you wish to continue to serve as principal investigator during your leave? Yes ___ No ___
4. [If you answered yes to #3 above]: Please attach a sheet describing your plan for fulfilling your principal investigator obligations during your leave.

Acknowledgement

I understand that my entitlement to FMLA leave is limited to twelve weeks per twelve month period calculated from the beginning of my last FMLA. I understand that if this request is approved, the FMLA terminates at the exhaustion of the 12 weeks or the date specified above whichever is sooner. FMLA leave is granted on a rolling 12-month basis. "Rolling 12-month basis" means each time FMLA leave is used, the remaining leave entitlement would be any balance of the 12 weeks that has not been used during the immediately preceding 12 months.

I understand that I am entitled to return to the same or equivalent job with the same pay and benefits held prior to the FMLA leave.

Upon exhaustion of FMLA, I understand any additional leave will require acceptance onto long-term disability insurance or a written request for a personal leave of absence, which must be approved in writing by my Department Chair, Collegiate Master, or Dean and the Provost's Office.

The University will continue benefits during the leave on the same basis as if I had been actively at work.

Misrepresentation in requesting a FMLA may result in disciplinary action, including discharge.

I HAVE REVIEWED AND UNDERSTAND THE CONDITIONS OF MY LEAVE OF ABSENCE REQUEST AS STATED ABOVE.

Signature

Date

Department Chair, Collegiate Master, or Representative

Date

Dean or Representative

Date

ALL FMLA LEAVE REQUESTS BY FACULTY AND ACADEMIC APPOINTEES MUST BE REVIEWED AND APPROVED OR DENIED BY THE PROVOST'S OFFICE.

Approved: _____ Denied: _____

For Provost's Office Date

cc: Academic Employee Requesting Leave
Department Chair, Collegiate Master or Representative
Dean or Representative