



REQUEST FOR FAMILY MEDICAL LEAVE ACT FORM (FMLA)

Family Medical Leave Act Policy 1:02:17

Employee Last Name	First Name	MI	Employee ID #	Office Phone #
				Home Phone #
Home Street Address	City	State	Zip	Email Address
Department		Supervisor Name		Supervisor Email Address
LEAVE REASON				
Is this leave related to an on the job injury? <input type="radio"/> Yes <input type="radio"/> No	Reason for Leave (choose one): <input type="radio"/> Serious Health Condition of Employee <input type="radio"/> Serious Health Condition of Family Member <input type="radio"/> Military Caregiver <input type="radio"/> Pregnancy / Adoption <input type="radio"/> Military Qualifying Exigency <input type="radio"/> Bonding with newborn, adoption, or foster care placement			
If leave is for a qualifying family member (qualifying family members include spouse, parent, son, daughter, or qualified domestic partner):	Family member's name:	Relationship to employee:		
Is spouse a JSU employee? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Spouse's name:	Were you previously employed by JSU? If so, when? <input type="radio"/> Yes <input type="radio"/> No _____		
If leave is for a child, expected date of birth/adoption/foster care placement: _____ (mm/dd/yyyy)	Is the child (whether over or under age 18) incapable of self-care because of a mental or physical disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
LEAVE TERM				
Requested Dates of Leave:	Estimated Start Date (First day of absence):		Estimated End Date (Last day of absence):	
Type of Leave: <input type="radio"/> Continuous (uninterrupted block of time) <input type="radio"/> Intermittent (partial and/or periodic days)				
BENEFIT(S) CONTINUATION				
I elect to continue benefits during any unpaid portion of my FMLA leave. Check any that apply:	<input type="radio"/> Health	<input type="radio"/> Dental	<input type="radio"/> Vision	<input type="radio"/> Flexible Spending

Employee Signature / Date: _____

Supervisor Signature / Date: _____

This form must be filled out completely, including the supervisor's signature, and submitted to the Department of Human Resources.



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FAMILY MEDICAL LEAVE REQUEST

When the need for sick/medical leave is foreseeable, the employee must apply 30 days in advance, if possible. If the need for leave is unforeseen, the employee must provide such notice as is practicable (within 1-2 business days upon his/her return to work, or when the need for leave becomes known). Failure to submit a request for Family Medical Leave in a timely manner could result in the delay of your request and/or FMLA protections.

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 in order to avoid interruption of your benefits.

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.

You must submit a Return to Work form to the Department of Human Resources completed by your licensed healthcare provider prior to being restored to employment. If such certification is not received, your return to work may be delayed until such certification is provided.

While on medical/sick leave, you are not permitted to perform work in behalf of JSU, and may be required to furnish your supervisor with periodic reports of your intent to return to work.