

QUINNIPIAC UNIVERSITY
FMLA LEAVE REQUEST FORM

An employee must submit a completed leave request form to the University's Human Resources Department for FMLA leave at least 30 days in advance when the need for leave is either foreseeable or non-emergency in nature. Except in cases of extreme medical emergencies, employees are expected to advise their supervisor as soon as they know the need for and expected duration of the leave, and generally within two business days of the time they know of the need for leave.

To be completed by Employee:

Last Name _____ First Name _____ MI _____

Address _____

SS# _____ Dept. _____ Tel# _____ Hrs worked/week _____

Date of Hire _____ Supervisor _____ Ext# _____

1) Reason for Leave (please check one box)

- Birth of a child or placement of a child for foster care or adoption
- Employee's own serious health condition
- To care for a child, spouse or parent who has a serious health condition
- A qualifying exigency that occurs because the employee's spouse, parent, son or daughter or parent who is serving in the National Guard or Reserves is serving on or has been called to active duty in the U.S. Armed Forces.
- To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

2) Type of Leave (please check one box)

<input type="checkbox"/> Continuous FMLA Leave	<input type="checkbox"/> Intermittent FMLA Leave	<input type="checkbox"/> Reduced work schedule
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Start date _____ End Date _____ Total #hours requested _____

For intermittent leaves: Anticipated schedule of absences is as follows (attach an additional sheet if needed)

For reduced schedule: Reduce hours from _____ hours/week to _____ hours/week



Employee Statement of Understanding

I am aware of and understand the following:

- Within two business days of receipt of this completed request for leave, Human Resources will provide me with a Notice of Eligibility and Rights and Responsibilities under the Family Medical Leave Act.
- I understand that Paid leave will be used concurrent with leave available under the Family and Medical Leave Act and that I must use available paid sick leave first, followed by accrued vacation time before any unpaid leave. University policy states that an unpaid leave will not be granted until all paid leave time has been exhausted.
- I must return all necessary documentation including certifications and/or forms to the Human Resources Department as requested once I receive a Notice of Eligibility and Rights & Responsibilities informing me whether or not I am eligible to take the FMLA leave. Failure to do so may result in my leave being delayed until I provide this documentation.
- Before I return to work following a leave for my own serious health condition, I will be required to provide certification from a health care provider that I am medically able to resume work.
- My health benefits will continue during my leave and I am expected to continue to pay my share of health insurance premiums, if any;
- If I fail to return to work upon the conclusion of this leave, I may be subject to disciplinary proceeding, up to and including termination.

Employee Signature and Date

Supervisor/Administrator Signature and Date

Please return this completed form to the University's Human Resources Department.

SUPERVISOR:	
<i>Please indicate employees remaining leave time (in days or hours):</i>	
<i># Sick days/hours:</i>	<i># Vacation days/hours:</i>
FOR HR USE ONLY	
<input type="checkbox"/> Provider Cert	<input type="checkbox"/> Confirmation Letter
<input type="checkbox"/> Rights & Responsibilities	Date/Initials: