



Office of Human Resources
Request for Family and Medical Leave (FMLA)

Please complete the applicable sections below and forward this application to your department head. You may apply for an unpaid family and medical leave (FMLA) of absence or a combination of eligible paid leave (sick, vacation, personal days, etc.) and unpaid FMLA leave, provided that the total leave arrangements under this policy do not exceed 12 weeks in a *calendar year*, and you are otherwise eligible.

Reason for Family and Medical Leave: (check one)

- Birth of a child, or the placement of a child with you for adoption or foster care; or
 - a *serious health condition that makes you unable to perform the essential functions for your job (requires medical certification); or
 - a *serious health condition affecting your ___ spouse, ___ child or ___ parent (may require medical certification), for which you are needed to provide care.
- *Serious health condition as defined by the FMLA of 1993*

Comments/Explanation:

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

I wish to use the following earned paid leave prior to the unpaid portion of the requested Family and Medical Leave:

- vacation hours
- sick leave
- personal leave hours

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 a medical certification from a physician, if requested, verifying the serious health condition of spouse, my child, parent 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: _____

Department Head's Approval: _____ Date: _____

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: _____