Southern Polytechnic State University

Family and Medical Leave Request

Employee Section

Employee Name _____ Date _____

Job Title _____ ADP ID _____

Supervisor_____ Department_____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) up to 12 weeks of job-protected leave for certain family and medical reasons. Submit this request form to your supervisor or department head at least 30 days before the leave is to commence. When submission of the request 30 days in advance is not possible, submit the request as early as possible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

❶ ❒ Yes ❒ No	Counting any periods of time worked for Southern Polytechnic State University, have you worked for a total of 12 months or more? If yes, continue to question #2; if no, stop here. **Based on your response, you do not qualify for FMLA. Please sign this form and forward to the Office of Human Resources.**
❷ ❒ Yes ❒ No	During the past 12 months, have you worked at least 1,250 hours (approximately eight months of 40-hour weeks or one year of 25-hour weeks)? If yes, continue to question #3; if no, stop here. **Based on your response, you do not qualify for FMLA. Please sign this form and forward to the Office of Human Resources.**
❸ ❒ Yes ❒ No	Have you previously received medical or family leave? If yes, provide information below: Dates of leave: _____ to _____ Purpose of leave: Self _____ Qualified Family Member _____
❹ ❒ Yes ❒ No	Have you taken any intermittent medical leave? If yes, provide information below: Dates of leave: _____ Purpose of leave: Self_____ Qualified Family Member_____
❺ ❒ Yes ❒ No	Is your spouse employed by Southern Polytechnic State University? If yes, spouse's name: _____

Reason for Requesting Leave

Leave must be granted for any one of the following reasons:

- for a serious health condition that prevents you from performing the duties of your job;
- to care for your child, spouse, or parent who has a serious health condition:
- to care for your child after birth, or for placement after adoption or foster care, or,
- military leave.

I request leave for the following reason [Select only one (1)]:

❒ Personal Serious Health Condition ❒ Serious Health Condition of: { }spouse { }child { }parent

❒ Adoption ❒ Foster Care ❒ Child Rearing ❒ Childbirth ❒ Family Care ❒ Military Family Leave

Annual and / or Sick Leave Usage:
In accordance with the University FMLA policy, employees are required to use all available annual leave and / or sick leave (if applicable) prior to going on a status of leave without pay. Use the space below to denote the number of leave hours you wish to use during your FMLA:

_____ hours of annual leave **_____ hours of sick leave**

Dates of leave requested:

❒ I am requesting leave from _____ to _____

❒ I am requesting a total of _____ leave days

Proposed Usage Interval:

❒ I am requesting continuous leave for the entire period indicated above

❒ I am requesting intermittent leave according to the following schedule:

_____

_____

❒ I am requesting a reduced schedule leave according to the following schedule:

_____

_____

Employee statement:
I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor by submitting the Southern Polytechnic State University's Intent to Return to Work form. I understand my benefits will continue during my leave and I must arrange to pay my share of applicable premiums.

By my signature below, I acknowledge and confirm that all of the information provided is true and accurate. If I do not qualify for FMLA, I will contact the Office of Human Resources to discuss other possible leave options which may be available.

Signature _____ **Date** _____

Acknowledgement / Approval Section

_____ _____
Supervisor Name **Title**

_____ _____
Signature **Date**

TO BE COMPLETED / VERIFIED BY THE OFFICE OF HUMAN RESOURCES

- Employee hire date: _____
- Employee status: ❒ full time or ❒ part time
- Employee has previously requested family or medical leave on _____ (if applicable)
- Name of supervisor or department head: _____

Leave is ❒ Approved or ❒ Denied; For any leave denials, state the reason(s):

_____

_____

_____ _____
HR Representative Signature **Date**