



**NEW JERSEY FAMILY TEMPORARY DISABILITY LEAVE (NJFTDL)
REQUEST FORM**

Name: _____ Rowan ID: _____ Ext: _____
 Last First MI

Date of Hire: _____ Email: _____ Home phone: _____

Department: _____ Supervisor: _____

I am requesting leave for the following time period:

Leave Begin Date: _____ Leave End Date: _____

Phone number where you can be reached while on leave: _____

Please note that only the following events qualify for NJFTDL. If the leave request is not for one of these events, it will be handled as a sick leave or personal leave of absence request as appropriate.

I am requesting a leave of absence for the following reason:

- () To bond with a child during the first 12 months after birth or adoption.
 - () A serious health condition affecting my () spouse, () child, () parent, for which I am needed to provide care. (NJFLA's definition of "parent" includes a parent-in-law or a stepparent)
- Please provide name of family member _____

Please complete the NJ State Application for Family Leave Insurance Benefits and attach the appropriate documentation (i.e. birth certificate, adoption certificate, foster care court order.) For a serious health condition, your health care provider must complete the appropriate Medical Certificate.

If requesting a reduced hours or intermittent leave, please describe:

Has a leave been approved for you within the last 12 months? () Yes () No

Employee Signature: _____ Date: _____

To Dept. Head - Please sign and return form to Human Resources. I understand the nature of the leave and will ensure that all timesheets are properly coded (contact Payroll for proper leave codes.)

Supervisor Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

Dean Signature: _____ Date: _____

This request for leave has been fully reviewed and documented.

HR/Benefits Office Signature: _____ Date: _____

cc: Supervisor, Department Head