

# ELON UNIVERSITY

## Office of Human Resources

### Request for Leave Under the Family and Medical Leave Act (FMLA)

#### Part A - Notice of Eligibility

Name \_\_\_\_\_ Datatel number \_\_\_\_\_

Date of Hire \_\_\_\_\_ Department \_\_\_\_\_

The Family Medical Leave Act, which became effective on August 5, 1993, requires all employers with 50 or more employees employed within a 75-mile radius to give employees up to 12 workweeks of job-protected leave per rolling 12-month period.

To be eligible for leave, an employee must have worked for the employer at least 12 months and must have worked at least 1,250 hours during the previous 12 months.

The specific situations for which one can request a leave are:

- the birth of and care for an infant child (leave must be taken within 12 months of the child's birth);
- the adoption of a child (leave must be taken within 12 months of the child's placement);
- the placement of a foster child in your home (leave must be taken within 12 months of the child's placement);
- to care for your spouse/qualifying partner, eligible child or parent with a serious health condition;
- a serious health condition that makes you unable to work.
- because of any qualifying exigency arising out of the fact that your spouse/qualifying partner, son, daughter, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status);
- to care for a covered service member, including covered veterans, with a serious injury or illness if you are the spouse/qualifying partner, son, daughter, parent, or next of kin (nearest blood relative) of the covered service member.

An eligible employee is entitled to up to 12 weeks of unpaid FMLA leave in a 12-month period for the reasons identified above. An eligible employee may take up to 26 weeks of unpaid FMLA leave during a single 12-month period to care for an injured or ill covered service member. Leave to care for an injured or ill service member, when combined with other FMLA qualifying leave, may not exceed 26 weeks in a single 12-month period

#### Leave requested for:

- The birth of a child or placement of a child with you for adoption or foster care
- A qualifying exigency arising out of the fact that your  spouse/domestic partner;  son/daughter;  parent; is a military member on active duty or call to active duty status (or has been notified of an impending call to covered active duty status).
- You are the  spouse/domestic partner;  son/daughter;  parent;  next of kin; of a covered service member with a serious injury or illness
- You are needed to care for your  spouse/domestic partner;  child;  parent; due to his/her serious health condition
- Your own serious health condition

> **A medical "fitness to return to work" certificate is required before you can return to work**

> **You must also complete one of the following and attach to this request for leave:**

[FMLA Physician Form \(Employee\)](#)

[FMLA Physician Form \(Family\)](#)

[FMLA Physician Form \(Military Service Member\)](#)

[FMLA Physician Form \(Military Family Member\)](#)

[FMLA Physician Form \(Veteran\)](#)

Dates Leave Requested From: \_\_\_\_\_ To: \_\_\_\_\_

Once Human Resources receives from you as specified above, we will inform you whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have questions regarding FMLA leave, please contact the Office of Human Resources.

Part B - Rights and Responsibilities

Name \_\_\_\_\_ Datatel number \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Department \_\_\_\_\_

- I am requesting leave for Monday through Friday each week of the time period identified above.
- I am requesting leave for only part of each week being requested above.

- If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

> Employees may view their current benefits and other deductions by logging into [Ontrack for Employees](#).

- If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- > You have a right under FMLA to take up to 12 weeks of unpaid leave in a 12-month period calculated as a rolling 12-month period.
- > You must be reinstated to the same or equivalent position with same pay, benefits and terms and conditions of employment on your return from your FMLA - protected leave.
- > Please review the full FMLA policy by accessing the [Staff Manual](#) or the [Faculty Handbook](#).

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Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Direct Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Supervisors are reminded to submit employee's time sheet to payroll during FMLA leave. \*\*

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**OFFICE USE ONLY**

Certification form received  yes  no

Payroll _____ Date _____
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Request approved  Request denied

Effective dates of leave if approved: from \_\_\_\_\_ to \_\_\_\_\_

New Enrollment \_\_\_\_\_ Date \_\_\_\_\_ Re-set \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Associate Director of Human Resources' signature Date