

**FMLA - REQUEST FOR FAMILY MEDICAL LEAVE**

Last Name	First Name	FTE
Appointment type (circle)		
Office Service    Managerial Professional    Administrative    Academic – Administrative    Faculty    TEMP    Other :		
Organizational Unit/Department:		
Supervisor		

Leave Start Date:	Anticipated Leave End Date:
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**1. Reason for Family/Medical Leave:**

- ☐ The birth of my child or the placement of a child with me for adoption or foster care\*
- ☐ A serious health condition that prevents me from performing the essential functions of my job
- ☐ A serious health condition affecting my spouse, child or parent      Please Specify Relationship: \_\_\_\_\_
- ☐ The death of an immediate family member\*\*      Please Specify Relationship: \_\_\_\_\_
- ☐ Because of qualifying Military Exigency or Military Service Member's serious illness/ injury.\*\*\*

\* Newly eligible dependents must be added to your benefits within 60 days of eligibility.

\*\* See NU definition of immediate family member, Employee Policy Manual: <https://nebraska.edu/-/media/unca/docs/offices-and-policies/policies/policies/employee-policy-manual.pdf?la=en>

\*\*\* Unique circumstances exist with Military FMLA, contact HR for Military FMLA leave guidelines.

**2. This leave is to be:**      Intermittent ☐      Consecutive ☐

**3. Anticipated number of leave hours to be taken:\***

Sick <input type="text"/>	Vacation <input type="text"/>	Floating Holiday <input type="text"/>	<b>Total Anticipated Leave Hours</b> = <input type="text"/>
Funeral <input type="text"/>	Unpaid Leave <input type="text"/>		

\*The University of Nebraska runs paid leave concurrent with FMLA when accrued leave is available. Your use of leave time must be appropriate to the situation and consistent with NU leave policies

**4. Have you taken any FMLA leave in the past 12 months?\***      YES ☐      NO ☐

If yes, please give dates: \_\_\_\_\_

\*Leave of five consecutive days or more taken for any of the above listed reasons may apply toward the twelve weeks of eligibility for leave provided under the Family/Medical Leave Act.

Employee Signature/ Date:

Supervisor Signature/ Date:

Date Received in HR:

## FMLA - REQUEST FOR FAMILY MEDICAL LEAVE

**University of Nebraska Policy on FMLA:** The Family Medical Leave Act of 1993 entitles each eligible employee to a maximum of 12 weeks/ 480 hours of unpaid leave for certain family and medical reasons in a 12-month period. The University of Nebraska complies with this Act and expands its coverage to include all regular employees with FTE of .50 or greater. Other employees, including temporary employees and graduate students, are covered with at least 1250 hours of service for the year preceding the leave.

### EMPLOYEE'S responsibility

- **Discuss** your "Request for Family Medical Leave" with HR/manager/supervisor.
- **Complete** the "Request for Family Medical Leave" in advance if leave is foreseeable or as soon as possible if leave is unforeseeable.
- **Approval/Signature** is obtained from manager/supervisor.
- **Return** the FMLA request form, in a legible and completed format, to your HR Department or Supervisor.
- **Follow-up** Other FMLA forms from HR may follow this request. When applicable employee requesting FMLA may be asked to provide a "Fit for Duty" OR "Release to return to work" authorization from their physician. This authorization may be with or without restrictions.
- **Document** in your Firefly paid leave request "FMLA" in the comment section, when applicable.

**Note** - It is the responsibility of the employee to coordinate with HR to make any benefits changes/arrangements needed or required while out on leave without pay.

### SUPERVISOR and/or LEAVE COORDINATOR'S responsibility

- **Discuss** the leave and work alignment during absence (**do not ask for the medical or reason for leave – employee may voluntarily share, but it should not be because their supervisor asked about the reason for medical leave**)
- **Sign** the "Request for Family Medical Leave" form for department approval.
- **Send** original signed copies of request form to Human Resources.
- **Assist** in tracking all leave hours used for FMLA and when employee returns to work notify HR.
- **Ask** HR if you have any questions about the FMLA policy or procedures.

### HUMAN RESOURCES –responsibility

- **Approve/Deny** request and file.
- **Follow up** with employee when other forms, especially when a Certification of Healthcare Provider form and/or other documentation, is required.
- **Send** the "Designation Notice" with approval/denial to the employee and manager/supervisor.
- **Notify** department when "Fitness for Duty" OR "Release to return to work" information is received from employee or physician.
- **Refer** the employee to the ADA Coordinator if further accommodations may be warranted.

Questions regarding Family Medical Leave policy, contact Human Resources