

FMLA – Request for Family/Medical Leave

Return this form to Human Resources – Employee Relations

Employee information

Last Name _____

First Name _____

FTE _____

Appointment type _____

Organization unit/department _____

Supervisor _____

Leave start date _____

Anticipated Leave End Date _____

Appointment type options (enter one): Office Service; Managerial Professional; Administrative; Academic–Administrative; Faculty; TEMP; Other (specify).

1. Reason for family/medical leave

Mark all that apply by typing “X” in the selection box field next to the statement.

_____ 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 function of my job

_____ A serious health condition affecting my spouse, child, or parent (Relationship _____)

_____ The death of an immediate family member** (Relationship _____)

_____ Because of qualifying Military Exigency or Military Service Member’s serious illness/injury***

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

** See NU definition of immediate family member in the 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 guidelines.

2. Leave schedule

This leave is to be	Intermittent (type X):	Consecutive (type X):	
Anticipated number of leave hours to be taken*	Total anticipated leave hours:		

3. Paid and unpaid leave hours (if known)

Sick	Vacation	Floating Holiday	Funeral
Unpaid leave	Other (specify)	Other hours	Total Anticipated Hours

* 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. Prior FMLA leave

Have you taken any FMLA leave in the past 12 months? _____

If yes, provide dates (MM/DD/YYYY–MM/DD/YYYY): _____

* 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.

Signatures

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Date received in HR _____

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 responsibilities

- Discuss your request for Family Medical Leave with HR/manager/supervisor.
- Complete this request in advance if leave is foreseeable, or as soon as possible if leave is unforeseeable.
- Obtain approval/signature from your manager/supervisor.
- Return the completed request form to your HR Department or Supervisor.
- When applicable, you may be asked to provide a Fit for Duty or Release to Return to Work authorization from your physician, with or without restrictions.
- Document “FMLA” in the comment section of your Firefly paid leave request, when applicable.
- Coordinate with HR to make any benefits changes/arrangements needed while out on leave without pay.

Supervisor and/or leave coordinator responsibilities

- Discuss leave and work alignment during absence (do not ask for medical details; the employee may voluntarily share).
- Sign this request form for department approval.
- Send original signed copies of the request form to Human Resources.
- Assist in tracking all leave hours used for FMLA and notify HR when the employee returns to work.
- Contact HR with questions about FMLA policy or procedures.

Human Resources responsibilities

- Approve/deny request and file.
- Follow up when other forms or documentation are required (for example, Certification of Healthcare Provider).
- Send the Designation Notice with approval/denial to the employee and manager/supervisor.
- Notify the department when Fitness for Duty or Release to Return to Work information is received.
- Refer the employee to the ADA Coordinator if further accommodations may be warranted.

Questions regarding Family Medical Leave policy: contact Human Resources.
