



# FAMILY AND MEDICAL LEAVE FORM

(for GTRI use only)



Clear form

Date

To be completed by employee:

Employee name \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

Job title \_\_\_\_\_ Supervisor or Dept. Head \_\_\_\_\_

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to 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 possible. When submission of the request 30 days in advance is not possible, submit the request as early as is 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.

- Yes Counting any periods of time you worked for the University System of Georgia, University System office (whether they were consecutive or not), have you worked for a total of 12 months or more? (If "yes," continue to question 2. If "no,," stop here.  
 No Sign and submit this form to your supervisor or department head.)
- Yes 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. Sign and submit this form to your supervisor or department head.)  
 No
- Yes Have you previously received medical or family leave?  
 No If yes, provide information below:

Dates of leave \_\_\_\_\_ to \_\_\_\_\_

Purpose of leave

- Yes Have you taken any intermittent medical leave?  
 No

- Yes Have you taken time off from scheduled hours?  
 No If "yes," provide details

- Yes Is your spouse employed by the University System of Georgia, University System Office?  
 No If "yes," spouse's name: \_\_\_\_\_

### Reasons for requesting leave

Leave must be granted for any 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; or
- To care for your child after birth, or for placement after adoption or foster care.

I request leave for the following reason:

- Personal serious health condition
- Serious health condition of:  spouse  child  parent
- Birth of a child
- Adoption or placement of a child for foster care

\_\_\_\_\_  
Scheduled date of adoption or placement

Dates of leave requested

I request leave from \_\_\_\_\_ to \_\_\_\_\_

I request intermittent leave according to the following schedule:

[Empty box for intermittent leave schedule]

I request a reduced schedule leave according to the following schedule:

[Empty box for reduced schedule leave schedule]

The total number of leave days I request is [ ]

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 a NOTICE TO MY SUPERVISOR. I understand my benefits will continue during my leave and I must arrange to pay my share of applicable premiums.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am enrolled in short term disability \_\_\_\_ yes\* \_\_\_\_ no

\* \_\_\_\_ I wish to use my accrued sick and vacation time instead of disability benefits

\_\_\_\_ I wish to use disability benefits and save my accrued sick and vacation time. I understand that I must sick time during the 14 day elimination period.

**TO BE COMPLETED BY SUPERVISOR OR DEPARTMENT HEAD**

Employee was hired on \_\_\_\_\_ S/he started in this department on \_\_\_\_\_

Employee is  Full time  Part time

Current schedule commenced on \_\_\_\_\_ (If there was an earlier schedule, list below):

Employee has previously requested family or medical leave on \_\_\_\_\_

Leave taken from \_\_\_\_\_ to \_\_\_\_\_ Total time taken \_\_\_\_\_

Name of supervisor or department head: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

All completed forms should be submitted to your HR Rep/Contact

Prior leave requests confirmed: \_\_\_\_\_

Leave is  Approved

Denied for the following reason(s)

[Empty box for denied reason(s)]

Request approved /denied by: \_\_\_\_\_ Date: \_\_\_\_\_