



**Instructions**

Please write legibly. Sign and submit a completed application to your supervisor and also to Human Resources. Keep a copy for your records. All required information must be submitted before your leave can be approved. You will be notified of your eligibility and approval.

Employee Name	Employee ID
Contact phone number during absence:	Personal e-mail:
Date of Request:  <i>30 day notice required when foreseeable</i>	Work Schedule: Number of hours per day _____ Week 1 Circle Days: M T W Th F Sat Sun Week 2 Circle Days: M T W Th F Sat Sun
Department	Supervisor
Proposed Start Date of Leave:  <i>Should be the first scheduled "work" day missed</i>	Projected Return Date/Duration of Leave:  <i>FML may not exceed 12 weeks or 480 hours</i>
If this request is for Intermittent Leave, specify #hours/days per week needed:	
Accrued leave will be used for this absence. Remaining leave will be unpaid. Accrued leave will be used to pay for employee's portion of insurance premiums.	
Reason for the Leave of Absence is to:	
<p><b>SELF</b>            Care for self for: <input type="checkbox"/> Serious Illness/Injury <input type="checkbox"/> Surgery <input type="checkbox"/> Chronic Condition/Ongoing Treatment            Details:</p>	
<p><b>NEWBORN</b>  <input type="checkbox"/> Care &amp; bonding for newborn or adopted child. Due date or Placement date: _____  <input type="checkbox"/> Care of medical condition related to pregnancy outside normal birth &amp; recovery of birth for self or spouse            Details:</p>	
<p><b>FAMILY MEMBER</b>            Care for serious medical condition of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other: _____            Details:</p>	
<p><b>MILITARY CAREGIVER OR EXIGENCY LEAVE</b>  <i>*If the Leave is for Military Caregiver or Exigency leave, use Family Medical Leave (Military) application.</i></p>	
I understand that I am required to complete a FMLA Leave Certification of Health Care Provider form (leave for bonding and normal birth is excluded) and submit the form to Human Resources before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. In the event that I go into an unpaid status while on leave, I understand that I must contact Human Resources to make arrangements to pay insurance premiums.	
Employee Acknowledgement and Agreement	

(Signature)

(Date)

**Questions?** Contact Human Resources | Mindy Adams 801.451.3125 or Hollie Holley 801.451.3417