

**Request for Leave of Absence - FMLA
(STAFF)**

INSTRUCTIONS: Read the vacation, sick time, and leave of absence provisions in the appropriate collective bargaining agreement and/or applicable University policies before completing this form. **To request a leave**, complete sections A, B, C, D and E. **Submit the completed form** to 140 McKenny Hall, Human Resources. **FAX to 734-487-7590** or email. **Attach any supporting documentation indicated as necessary.** Approval or denial notice will be sent via email after the request for leave has been reviewed. Questions may be directed to 734-487-3195 or HR_Benefits@emich.edu.

A. EMPLOYEE INFORMATION (Please print clearly in ink.)			
Name (last, first, m.i.)	Department Name		Indicate Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Employee ID	E Class	Date of Hire	Work Phone
Permanent Address (street, city, zip)			Home Phone
Address While On Leave if Different From Permanent Address		Current Supervisor Name	

B. LEAVE REQUEST INFORMATION			
<input type="checkbox"/> Initial Request <input type="checkbox"/> Extension of Leave Request	Dates: From: To:	Last Day Worked:	Indicate Percent of Leave you are taking: <input type="checkbox"/> Full-time Leave <input type="checkbox"/> Part-time Leave _____ %
Type of Leave: (* Supporting documents are needed prior to approval and should be attached to this form when submitted – If Leave of Absence is for Medical or FMLA, see Fitness for Duty Report.)			
<input type="checkbox"/> Family Medical Leave* <input type="checkbox"/> Military* <input type="checkbox"/> Medical (includes Maternity)* <input type="checkbox"/> Child Care <input type="checkbox"/> Personal <input type="checkbox"/> Other			
FML Reasons: <input type="checkbox"/> Birth/adoption* <input type="checkbox"/> Care of sick family* <input type="checkbox"/> Employee's own illness* <input type="checkbox"/> Intermittent FML*			
Employee's Signature: _____			Date: _____

C. SHORT TERM DISABILITY/WORKERS' COMPENSATION:
I am eligible to receive short-term disability payments: <input type="checkbox"/> Yes <input type="checkbox"/> No
If eligible, I have contacted the short-term disability carrier. <input type="checkbox"/> Yes <input type="checkbox"/> No The Hartford at 1-888-301-5615. Policy # 805191
Is this condition the result of a work-related incident? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. BENEFITS (Important! Read carefully.)

If your leave is approved (a) under the Family Medical Leave option or (b) as a regular medical leave, you retain your rights to benefit coverage for up to 12 weeks.

You may be required to use available sick, vacation and/or compensatory time while on leave – check the appropriate collective bargaining agreement or University policy to find out what is applicable.

If not required to use the time, you may elect to use it to maintain an active pay status.

If your leave is other than a Family Medical Leave, or if you are not using available sick, vacation, or compensatory time, you will not be covered by University benefits unless you elect to continue them at your own expense. Indicate below what you are choosing to do.

1. **Continue my insurances.** I understand that the Benefits Office will notify me of the rates and payment schedules to maintain benefits.

2. **Discontinue my insurances.** Upon my return to work, I understand *I must re-enroll within 30 days of my return to work, and that failure to do so will result in the loss of my benefits.*

(NOTE: Failure to select one of the options above will also result in immediate cancellation of insurance in accordance with the collective bargaining agreements and University policies.)

E. PAID/UNPAID STATUS

Review with your department all available time you have accrued to answer this section. Also review all applicable sections of your collective bargaining agreement or work rules to understand required usage before answering the following.

Hourly employees paid by The Hartford cannot be paid by EMU. You and your supervisor are responsible for the proper entry and recording of your time. While being paid by The Hartford, your time should be entered as FMLA - Unpaid. Should you be paid by both The Hartford and EMU, you will be responsible for the repayment of wages to EMU.

Salaried/Exempt employees must confirm and inform the HR Benefits team when your last day occurs.

Check all that apply:

I do want to use my available sick time, if applicable.
Indicate amount available _____ to be used _____. Pay ending date _____

I do want to use my available vacation time, if applicable.
Indicate amount available _____ to be used _____. Pay ending date _____

I do want to use my available compensatory time, if applicable.
Indicate amount available _____ to be used _____. Pay ending date _____

I do want to use my available sick bank, if applicable.
Indicate amount available _____ to be used _____. Pay ending date _____

HUMAN RESOURCES

To extend this leave: Appropriate documentation must be submitted *in advance* of the approved end date above (see Medical Certification of Health Care Provider Addendum Form). Fax # 734-487-7590

To return to work: Notify Human Resources two weeks *prior to end of leave* to confirm return to work date.

Questions may be directed to: Benefits Office (734) 487-3195 or HR_Benefits@emich.edu Payroll Office (734) 487-2393