Application for Family and Medical Leave

Updated: Aug. 2015

Submit your request to your supervisor or department head at least 30 days in advance of the need for leave when the leave is foreseeable. If your need for leave is not foreseeable, please submit this form as early as possible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such a denial/postponement would be permitted under federal or state law. FSH 3710, L

Employee

Complete this section and submit the form to your immediate supervisor or department head.

Name:	**Vandal Number:**	**Department and Supervisor Name:**
Phone Number: Work: Home:	**Email Address:** Work: Home:	**Emergency Contact:** Name: Phone #:

Have you taken FML before?	**Date leave is expected to begin:**	**Date leave is expected to end:**	**Leave will be taken as:**
☐ Yes ☐ No			☐ Continuous leave ☐ Intermittent leave ☐ Reduced schedule

If requesting a reduced schedule, please provide the proposed work schedule here:

Mon _____Tues _____Wed _____Thurs _____Fri _____Sat _____Sun _____

Reason For Leave:

☐ The birth of a child, or placement of a child through adoption or foster care (parenting)

☐ A serious health condition that makes you unable to perform the functions of your job

☐ Need to care for an immediate family member* who has a serious health condition

Military Caregiver Leave

☐ Need to care for an immediate family member* who is also a covered service member who has become seriously ill or injured while on active duty

☐ Qualifying exigency arising out of the fact that an immediate family member* has been called to active duty as a member of the National Guard or Reserves

* Please see the FSH 3710, A-3 for the University of Idaho definition of an "immediate family member"

If married and requesting leave for (a) the birth or placement of a child through adoption or foster care, or (b) to care for your child who is a covered service member, please indicate whether your spouse is also an employee of the University of Idaho and may want to request FML:

☐ No

☐ Yes Spouse's Name_____Department: _____

Employee Signature: _____ **Date:** _____

Supervisor / Department Head

Please acknowledge receipt, sign, and forward to the request to Benefit Services

Campus Zip: 4332 / Email: benefits@uidaho.edu / Fax: 208-885-3330

Supervisor Signature: _____ Date: _____

Human Resource Services Only

☐ Notice of Eligibility and Rights and Responsibilities	Date	Sent:
☐ Appropriate Certification Form	Date	Sent:
☐ Designation Notice	Date	Sent:
☐ Release to Work (if applicable)	Date Received: _____	