

Request for FMLA Leave

Pacific Union College
Office of Human Resources
One Angwin Avenue
Angwin CA 94508

NOTE: Request for FMLA leave must be made, when practical, at least 30 days prior to the date the requested leave is to begin.

Name: _____

PUC ID: _____

Address: _____

Date: _____

Status (circle one): Full Time / Part Time / Temporary

Leave to start: _____

Expected return date: _____

I am requesting FMLA for one or more of the following reasons:

_____ For the birth of my child and in order to care for him or her

_____ A child has been placed with me for adoption or foster care

_____ To care for my spouse, child, or parent who has a serious health condition.

_____ For a serious health condition that makes me unable to perform my job.

_____ Qualifying exigencies for your spouse, child, or parent on active duty or called to for the National Guard and/or Reserves.

Please describe:

_____ Care for a military service member recovering from injury/illness incurred during active duty in the armed forces, and the employee is the spouse, child, parent, or next of kin of the service member.

_____ A military spouse requiring time to spend with deployed spouse from the United States Armed Forces, National Guard, or Reserve during a time of military conflict.

(continued on back)

_____ For other reasons.

Please describe:

Requested intermittent leave schedule (if applicable, subject to employer's approval):

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

If yes, how many workdays? _____

I would like to coordinate the following paid leave during my family or medical leave:

- Paid leave: _____ hrs
- Sick time: _____ hrs
- Extended sick time: _____ hrs

I understand and agree to the following provisions:

- I have worked for Pacific Union College at least one year and at least 1,250 hours in the previous 12 months.
- If I fail to return to work after the leave for reasons other than the continuation, recurrence, or onset of a serious health condition that would entitle me to FMLA or other circumstances beyond my control, and if PUC requires it, I will be financially responsible for the medical expenses paid on my behalf by PUC.
- This leave will be unpaid, unless PUC requires me to use paid, sick, or extended sick leave; or in the case of my own disability, payment will occur under the PUC long-term disability insurance plan, if I am so covered.
- I may be required to exhaust my paid leave, sick time, or extended sick time as part of my 12 weeks of leave.
- After 12 weeks of leave, if I do not return to work or contact my supervisor or manager on the date intended, it will be considered that I abandoned my job.

Employee Signature: _____ **Date:** _____

For Office Use Only

Leave Approval

_____ *Not eligible for leave*

_____ *Full day leave*

_____ *Intermittent or reduced day leave*

HR Approval

Date