

Name \_\_\_\_\_ ID Number \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_
State/ZIP \_\_\_\_\_ Email Address \_\_\_\_\_
Telephone \_\_\_\_\_ Department \_\_\_\_\_
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
Supervisor Email \_\_\_\_\_

I request a family or medical leave for the following reason(s):

- Birth of a child Placement of adopted child/foster child
Care of spouse/child/parent Serious health condition/self

Requested start date \_\_\_\_\_ Expected return date \_\_\_\_\_

Sick accrued balance \_\_\_\_\_ Vacation accrued balance \_\_\_\_\_ Personal/anniversary accrued balance \_\_\_\_\_

\*An employee who is taking Family Medical leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave.

I request intermittent or reduced schedule leave as follows \_\_\_\_\_

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

OFFICE OF HUMAN RESOURCES USE ONLY

Employee Class \_\_\_\_\_ Key  Yes  No Date of Hire \_\_\_\_\_
Eligible  Yes  No Eligible Event  Yes  No
Date Document Received \_\_\_\_\_ Documentation Reviewed  Yes  No
Approved Leave Status \_\_\_\_\_ W/O Pay with Benefits  Yes  No
Approved Intermittent Schedule as defined above  Yes  No
Approved start date \_\_\_\_\_ Approved return date \_\_\_\_\_
HR Approval \_\_\_\_\_ Date \_\_\_\_\_

\*The university will ask for certification of the serious health condition, and recertification of the serious health condition may be requested every thirty (30) days. The employee must complete the appropriate forms or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of leave. Upon the receipt of an employee's request, the Office of Human Resources will send you the forms necessary to complete to determine your eligibility for the leave. For complete details about the policy, please visit the Human Resources website.



## The Family and Medical Leave Act

# FAMILY AND MEDICAL LEAVE ACT (FMLA)

## THE HEALTH CERTIFICATION

The Health Certification is key to the approval of your FMLA leave. Failure to provide the required documentation to Symetra within 15 days of start date or change may result in disciplinary action for violation of the attendance policy.

### New Health Certification Requirements

A new Health Certification will be required in the following instances:

- Current Health Certification has expired
- Change from Continuous to Intermittent
- Change from Intermittent to Continuous
- Change in Reason for Leave (e.g. change from Pregnancy to Bonding with Child)
- Change in Frequency and/or Duration

## BENEFITS DURING LEAVE

- The employee is responsible for their portion of Benefit Premiums while on leave.
- The employee premiums will be deducted from any available leave balances that are paid while out on leave.
- If leave balances are not available to pay out, the employee is then responsible for submitting benefit premium payments to the Human Resources department on a monthly basis.

## PAYROLL CONSIDERATIONS

- FMLA is unpaid and runs concurrent with short-term disability.
- Short-term disability covers 66.67% of the employee's salary after a 2-week elimination period.
- When on an approved leave of absence, the employee does not accrue sick or vacation time and is not eligible for holiday pay.
- If eligible for short-term disability, the employee may receive 2 payments: the first from Symetra for short-term disability benefits and the second from Florida Institute of Technology utilizing available leave to reach 100% of pay.

I acknowledge my responsibilities while I'm on FMLA leave:

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Employee Name (print)

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Employee Signature

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Date