

Employee Leave Request Form

Family and Medical Leave Act (FMLA)

Under the Family and Medical Leave Act (FMLA) and as outlined in Mercer University's FMLA policy, eligible employees may take up to 12 workweeks of unpaid, job protected leave for certain family and medical reasons during a rolling 12-month calendar, and up to 26 workweeks of unpaid, job protected leave in a 12-month period to care for a covered family member who was seriously ill or injured during their active military service. **Requests for leave under the FMLA policy must be made at least 30 calendar days in advance** or, if the need for leave is unforeseen, as early as circumstances permit, generally within two working days of learning of the need for leave. The Human Resources office will facilitate the FMLA process for all employees.

For more information, please review Mercer University's full FMLA policy: <https://hr.mercer.edu/policies/upload/FMLA.pdf>.

To request leave under the FMLA policy, the employee must:

- Complete each section of this request form and give to their supervisor/department chair for signature.
- Return this completed form to Nasana Graham in Human Resources by email, fax, or mail.

For questions and submission of forms, contact (478) 301-2470 or graham_n@mercer.edu.

Part I: Employee Information

Employee's Name (print)	Job Title	Division/Department
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Part II: Reason for Leave Request (check one)

<input type="checkbox"/> Serious Health Condition of Employee (may include surgery or hospitalization)		
<input type="checkbox"/> Birth of Child (Maternity/Paternity/Parental Leave)	Expected Due Date:	
<input type="checkbox"/> Placement of Child for Adoption/Foster Care	Expected Date of Placement:	
<input type="checkbox"/> Care of Family Member with a Serious Health Condition	Relationship to Employee:	If child, list DOB:
<input type="checkbox"/> Military Family Leave (Exigency)	Relationship to Employee:	
<input type="checkbox"/> Military Caregiver Leave	Relationship to Employee:	

Part III: Type of Leave Request (check one)

<input type="checkbox"/> Continuous Leave: <i>More than three (3) consecutive work days or for multiple weeks.</i>	<input type="checkbox"/> Intermittent Leave: <i>Periodic time off due to flare-ups of a medical condition and/or for ongoing medical treatment/appointments. If approved, leave will be reported in Workday as it occurs. By not reporting leave in a pay period, the indication is that no leave was taken.</i>	<input type="checkbox"/> Reduced Work Schedule: <i>This is for reduced work hours per week or a reduced course load for faculty.</i>
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Part IV: Start Date or Expected Start Date of Leave*

____/____/____ (MM/DD/YYYY)	* If request is for the birth of a child, please list the <i>expected</i> due date. Once the actual leave start date (DOB) is known, please notify HR.
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Part V: Return to Work Date – OR – Number of Workweeks (enter date **or** circle number of workweeks)

<p>Return to Work Date or Expected Return to Work Date</p> <p>Leave return date blank if requesting maternity/paternity leave, a reduced schedule, intermittent leave or if date is unknown pending a doctor's release to return to work.</p> <p>____/____/____ (MM/DD/YYYY)</p>	<p>Expected Number of Workweeks</p> <p>If requesting leave for birth or placement of a child, circle the number of workweeks of FMLA leave you plan to take.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p>
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Part VI: Signatures

I certify that the statements made above are true and accurate to the best of my knowledge. I understand that knowingly submitting false information or failure to provide any required documentation as outlined in the FMLA policy may result in my FMLA leave being denied and/or disciplinary action.

_____ Employee Signature	____/____/____ Date (MM/DD/YYYY)
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Reviewed by:

_____ Supervisor/Department Chair/Dean/Designee Signature	____/____/____ Date (MM/DD/YYYY)
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