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| Fayetteville Technicial Community College | | | | | | | | | | | | | | | | | | |
| **REQUEST FOR FAMILY MEDICAL LEAVE** | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | |  | | | | | Dept. | |  | | | | | Datatel # |  |
| Date of Employment: | | | | | | |  | | | **Note**: Must have been employed for a year (full- or part-time) and have worked at least 1250 hours in the previous 12 months. | | | | | | | | |
| Beginning Date of Leave: | | | | | | |  | | | Ending Date of Leave: | | | | | |  | | |
|  | | | | | | |  | | |  | | | | | |  | | |
| A. | Reason for requesting FMLA: (Check one) | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | 1. |  | | The birth of a child, or the placement of a child with me for adoption or foster care. (12 weeks) | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | |
|  | 2. |  | | A serious health condition that makes me unable to perform the essential functions of my job. (12 weeks) | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | |
|  | 3. |  | | A serious health condition for which I am needed to provide care for my: (12 weeks) | | | | | | | | | | | | | | |
|  |  |  | |  | | Spouse | |  | Child | |  | | Parent(s) | | | | | |
|  |  |  | |  | |  | |  |  | |  | |  | | | | | |
|  | 4. |  | | Qualifying Exigency Leave. (12 weeks) | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | |
|  | 5. |  | | Military Caregiver Leave. (26 weeks) | | | | | | | | | | | | | | |
| B. | Please provide medical certification completed by the appropriate medical personnel by using: (Check one)  1.  Certification of Health Care Provider - Form WH-380E (Employee) or WH-380F (Family member).  2.  Doctor's note reflecting the dates you will be under a doctor's care, the medical facts, restrictions (if any), and the return to work date. | | | | | | | | | | | | | | | | | |
| * I have been informed that I am entitled up to 12 weeks of FMLA leave in a 12 month period (26 weeks if Military Caregiver). My health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work. (Contact the Benefits Office at 8-8240 to discuss continuation of health benefits while on FMLA). * I understand that my FMLA condition does not provide absolution for unrelated absences or eliminate my requirement to adhere to attendance, work, or productivity standards. * I understand that I must notify my supervisor of any absence and specify which absences are related to my FMLA condition in my Timeclock. | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  |  | | | |
|  | | | Employee Signature | | | | | | | | | | |  | Date | | | |
| * I understand that I must ensure the employee listed above notates all FMLA absences in his/her Timeclock. | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  |  | | | |
|  | | | Supervisor Signature | | | | | | | | | | |  | Date | | | |
|  | | |  | | | | | | | | | | |  |  | | | |
|  | | | Appropriate Vice President | | | | | | | | | | |  | Date | | | |
|  | | |  | | | | | | | | | | |  |  | | | |
|  | | | VP for HR/IE | | | | | | | | | | |  | Date | | | |
|  | | |  | | | | | | | | | | |  |  | | | |
|  | | | President | | | | | | | | | | |  | Date | | | |
|  | | | Attachment cc: Payroll and Benefits Office | | | | | | | | | | | | | | | |
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