



Medical Leave of Absence Request Family and Medical Leave Act (FMLA)

EMPLOYEE INFORMATION	
Employee's Name:	Employee ID:
REVIEWER INFORMATION	
Reviewer's Name:	Date:
EMPLOYMENT TYPE	
<input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> A&P <input type="checkbox"/> Executive Service <input type="checkbox"/> OPS	
CONTRACTUAL PERIOD	
<input type="checkbox"/> 9 month <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month <input type="checkbox"/> Varied (OPS employees)	
EXPECTED DATES OF LEAVE	
Begin Date:	End Date:
REASON FOR LEAVE REQUEST	
<input type="checkbox"/> A serious health condition in which you are unable to perform the essential functions of your job. <input type="checkbox"/> A serious health condition affecting your () spouse, () child, or () parent for which you need to provide care.	
FMLA GUIDELINES	
<ul style="list-style-type: none"> ▪ I understand that to be eligible for leave under the FMLA, I must have been employed with Florida Agricultural and Mechanical University for a total of twelve months and have physically worked a minimum of 1,250 hours in the twelve months preceding this request. ▪ If my request for FMLA leave is approved, I understand that this period of leave will count toward the number of workweeks that I am entitled to under the Act. If I do not meet the eligibility guidelines, I understand that my request under FMLA will be denied. 	
Employee's Signature:	Date:
APPROVALS	
Supervisor's Signature:	Date:
Dean's/Director's Signature:	Date:
President's/Provost's/Vice President's Signature:	Date:

LEAVE USAGE CHART

Instructions: Please list the biweekly pay period, type of leave requested, and number of hours of leave that will be used. The time reporter code must be reported along with a corresponding leave code (sick for qualifying medical leave, vacation, compensatory, or leave without pay). The appropriate FMLA override reason code is required for all FMLA time entry:

- FMLAA (Family and Medical Leave Act Annual) - May be used for any type of absence
FMLAS (Family and Medical Leave Act Sick) - May be used for medical/FMLA leave of absence
PRNLV (Parental Leave) - May be used for birth or adoption of a child
Compensatory - May be used for any type of absence (USPS employee only)
Leave Without Pay - May be used for any type of absence

NOTE: According to the below schedule, leave will be deducted each biweekly pay period unless the Office of Human Resources is notified in writing to modify or discontinue. This form does not apply to OPS

Biweekly Pay Period	Leave Category	Number of Hours

Employee's Signature: _____ Date: _____