



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

<b>EMPLOYEE INFORMATION</b>	
Employee's Name:	Employee ID:
<b>REVIEWER INFORMATION</b>	
Reviewer's Name:	Date:
<b>EMPLOYMENT TYPE</b>	
<input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> A&P <input type="checkbox"/> Executive Service <input type="checkbox"/> OPS	
<b>CONTRACTUAL PERIOD</b>	
<input type="checkbox"/> 9 month <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month <input type="checkbox"/> Varied (OPS employees)	
<b>EXPECTED DATES OF LEAVE</b>	
Begin Date:	End Date:
<b>REASON FOR LEAVE REQUEST</b>	
<input type="checkbox"/> A qualifying exigency due to the fact that your ( ) spouse, ( ) child, or ( ) parent is on covered active duty or call to covered active duty with the Armed Forces. <input type="checkbox"/> To care for a covered service member or veteran with a serious injury or illness affecting your ( ) spouse, ( ) child, ( ) or ( ) next of kin. <input type="checkbox"/> Military Leave for Active Duty (active duty orders are required)	
<b>FMLA GUIDELINES</b>	
<ul style="list-style-type: none"> <li>▪ I understand that if my spouse, parent, or child is deployed or has been notified of an impending deployment to a foreign county, I may be entitle to take up to a total of 12 weeks of FMLA leave during a single 12 month period.</li> <li>▪ I understand that if my spouse, parent, child or next of kin has a serious injury or illness, I may be entitle to military caregiver leave and take up to a total of 26 weeks of unpaid FMLA leave during a single 12 month period.</li> </ul>	
Employee's Signature:	Date:
<b>APPROVALS</b>	
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: \_\_\_\_\_

Return completed forms to:  
Office of Human Resources/Time & Labor Administration, 1700 Lee Hall Drive, 211 FHAC, Tallahassee, FL 32307