



**Family and Medical Leave Act
 Medical Leave of Absence Request and Notice Form**

| | | |
|---|----------------------------------|------------------------------|
| EMPLOYEE INFORMATION | | |
| Employee's Name: | Employee's ID: | |
| EMPLOYMENT TYPE | | |
| <input type="checkbox"/> USPS | <input type="checkbox"/> Faculty | <input type="checkbox"/> A&P |
| <input type="checkbox"/> Executive Service | <input type="checkbox"/> OPS | |
| EXPECTED DATES OF LEAVE | | |
| <input type="checkbox"/> Continuous Leave | Begin Date: _____ | End Date: _____ |
| <input type="checkbox"/> Intermittent Leave | Begin Date: _____ | End Date: _____ |
| <input type="checkbox"/> Reduced Work Schedule | 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 | | |
| 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: | Print Name: | Date: |
| SIGNATURES | | |
| Supervisor's Signature: | Print Name: | Date: |
| Department's Head Signature: | Print Name: | Date: |

LEAVE USAGE CHART

Instructions: Please list the biweekly pay period, type of leave requested, and number of hours 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.

| Biweekly Pay Period | Leave Category | Number of Hours |
|---------------------|----------------|-----------------|
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Return completed forms to:
Office of Human Resources, 1700 Lee Hall Drive, 211 FHAC, Tallahassee, FL 32307