



UTAH STATE UNIVERSITY

Request for Family and Medical Leave of Absence (FMLA)

All employees who have worked for a full year and who have worked 1,250 hours or more over the previous 12-month period are eligible. The Office of Human Resources will determine whether or not the employee qualifies for FMLA and will notify the employee of the decision.

Employee Information

Name: _____ A# _____

E-mail address: _____ Work Phone: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's e-mail address: _____

Department: _____ Supervisor's Phone Number: _____

Reason for FMLA Request

Type of FMLA Request

Check all that apply:

- Maternity, Paternity, Adoption, or Foster Care
Serious Health Condition - A completed Certification of Health Care Provider is required
Employee, Employee's Spouse, Employee's Parent, Employee's Child
Qualifying Exigency (see USU Policy 359 Military Leave)
Military Caregiver (see USU Policy 359 Military Leave)

Check one:

- Continuous Leave
Reduced Work Schedule*
Intermittent*
Current Work Schedule
Requested Work Schedule

*Available if Health Care Provider Certifies Medical Necessity

Begin Date of Requested Leave: ___/___/___

End Date of Requested Leave, if known ___/___/___

I affirm the above information is true.

Employee Signature: _____ Date: _____

Supervisor Acknowledgment

I acknowledge the above employee's request for Family/Medical Leave. I understand that if this request is approved in accordance with the Family and Medical Leave Act and its amendment(s), the employee will be returned to the same or equivalent position at the end of the leave period.

Supervisor Signature: _____ Date: _____

Send completed form to: Office of Human Resources, 8800 Old Main Hill, UMC 8800, or fax to (435) 797-1816.