



FMLA – REQUEST FOR MILITARY QUALIFYING EXIGENCY LEAVE AND MILITARY CAREGIVER LEAVE FORM

Employee Name(please print)	PIN Number	Date of hire	FTE	Circle status below Office/Service Other Faculty Managerial/Prof.
Home Address and Zip Code	Home/Cell #	Employee Campus Address, zip code, Tel #		
Unit, Department, Department Zip Code	LV. Coordinator	LV. Coordinator campus Tel # & zip code		
Start Date for Leave	Anticipated Return Date	Total Hours Anticipated absence		

1. Reason for Military Family Leave under the FMLA:

Qualifying Exigency Leave for spouse, child, or parent. **Please specify:**
 Relationship: _____
 Date activated: _____

Maximum of 12 weeks in a rolling calendar year, including any weeks taken under FMLA – NOT an additional 12 weeks

Caregiver Leave for an Injured Servicemember (spouse, child or parent, or nearest blood relative/next of kin), for whom I need to provide care. **Please specify:**
 Relationship: _____
 Date of injury: _____

Maximum of 26 weeks in a rolling calendar year, including any weeks taken under FMLA – NOT an additional 26 weeks

2. If this leave is to be paid or to be a combination of paid and unpaid leave, please show the number of hours of vacation, floating/banked holiday, sick and/or funeral leave to be taken:

Sick _____ Vacation _____ Floating/Banked Holiday _____ Funeral _____ Unpaid Hours _____

Please note that you must have positive leave balances under these plans to receive payment. Your use of any leave time must be appropriate to the situation and consistent with current UNMC leave policy.

3. During the last 12 months, have you taken any leave of 5 or more consecutive workdays for any of the following:

Qualifying Exigency Leave From _____ To _____
 Caregiver Leave for an Injured Servicemember From _____ To _____
 Family-Medical Leave From _____ To _____
 Death of Immediate Family From _____ To _____

Please note that leave of five or more consecutive scheduled workdays, taken for any of the above reasons, applies toward the count in the rolling calendar (prorated for part-time FTE) of leave eligibility provided under Military Family Leave and FMLA.

4. This leave to be: **Intermittent** **Consecutive**

Employee Signature Date

Immediate Supervisor's Signature Supervisor's name & phone (please print) Date
Supervisor has contacted HR/Employee Relations at 559-4217 or 559-8534. Please Note: If employee does not qualify for FMLA Military, they may qualify for Nebraska Family Military Leave.

This section to be completed by Human Resources

You are eligible () not eligible () for leave under Military Family Leave. Your Leave beginning _____ and continuing through _____ will () will not () be counted against your annual entitlement.
 You may be eligible for payment under UNMC's vacation () sick () funeral leave ().

Human Resources-Employee Relations Date Date received in HR-Employee Relations

Comments: _____

FMLA – Military Family Leave Request

Qualifying employees may include any UNMC employee who:

1. Has been employed by UNMC for at least twelve months;
 2. Has provided at least 1,250 hours of service during the 12-month period immediately preceding the beginning of the leave;
 3. Is the spouse, child, or parent of a person that is on active duty or has been notified of impending call or order to active duty in the Armed Forces
 4. Is the Caregiver (spouse, son, daughter, nearest blood relative or next of kin) of a covered Servicemember.
-

Types of FMLA – Military Family Leave

1. Qualifying Exigency Leave: Family Leave Due to a Call to Active Duty: This benefit provides 12 weeks of FMLA leave due to a spouse, son, daughter or parent being on active duty or having been notified of an impending call or order to active duty in the Armed Forces. Leave may be used for any “qualifying exigency” arising out of the service member’s current tour of active duty or because the service member is notified of an impending call to duty in support of a contingency operation. Qualifying exigency includes any one or more of the following **non-medical**, non routine activities and no others: by referring to a number of broad categories for which employees could use FMLA leave: 1. Short-notice deployment activities; 2. Military events and related activities; 3. Childcare and school activities; 4. Financial and legal arrangements; 5. Counseling activities; 6. Rest and Recuperation activities; 7. Post deployment activities; and/or 8. Additional activities not encompassed in the other activities, but agreed to by the employer and employee

Maximum of 12 weeks in a rolling calendar year, including any weeks taken under FMLA – NOT an additional 12 weeks

2. Caregiver Leave for an Injured Servicemember: This benefit provides **26 weeks** of FMLA leave during a single 12-month period for a spouse, son, daughter, parent, or nearest blood relative caring for a recovering service member. A recovering service member is defined as:

- a) A member of the Armed Forces who suffered an injury or illness while on active-duty that may render the person unable to perform the duties of the member’s office, grade, rank or rating; or
- b) A veteran who is undergoing medical treatment, recuperation, or therapy for serious injury or illness and who was a member of the Armed Forces at any time during the five years preceding the date on which the veteran undergoes such treatment, recuperation, or therapy.

Maximum of 26 weeks in a rolling calendar year, including any weeks taken under FMLA – NOT an additional 26 weeks

The employee’s responsibility:

1. Complete the UNMC “FMLA - Request for Military Qualifying Exigency Leave and Military Caregiver Leave Form” and attach appropriate Certification.
2. Discuss the “FMLA - Request for Request for Military Qualifying Exigency Leave and Military Caregiver Leave Form” with manager/supervisor.
3. Obtain approval/signature from manager/supervisor.
4. Return the “FMLA – Request for Military Qualifying Exigency Leave and Military Caregiver Leave Form” and appropriate Certification form to Human Resources-Employee Relations at ADC 2000 or to zip 985470.

It is the responsibility of the employee to make any benefits changes/arrangements needed or required (UNMC Benefits – Phone number: 402-559-5911).

The supervisor’s responsibility:

1. Follow normal procedures and communication channels in the department.
2. Obtain additional information and clarification from the employee and from HR-Employee Relations at 559-4217 or 559-8534.
3. Sign the “FMLA - Request for Military Qualifying Exigency Leave and Military Caregiver Leave Form” for department approval.
4. Within five (5) days of Request, notify the employee in writing that the employee is being placed in “FMLA Military Qualifying Exigency or Caregiver” status, regardless of completion of this form.

Human Resources – Employee Relations’ responsibility:

1. Approve and/or interpret the request after receiving the certification form or other documentation.
 2. Return the form to the manager/supervisor or designated person with a written approval or denial of the request.
-

Questions about this form or about UNMC’s FMLA Military Qualifying Exigency and Caregiver Policy may be directed to Human Resources-Employee Relations at 402/559-4217 or 402/559-8534 during normal hours