|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete all areas:** | | | | | |  | | | |  |
| **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 Nebraska Military Family Leave:

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2. Relationship to Service Member:

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3. 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 and unpaid hours to be taken:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vacation |  | Floating/Banked Holiday |  | 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.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 559-4371 or 559-8534*** | | | | | | | | | | |

**Please note: Employee may also be eligible for FMLA Military Family Leave.**

This section to be completed by Human Resources



**You are eligible (\_\_\_) not eligible (\_\_\_) for leave under Nebraska Family Military Leave. Your Leave beginning \_\_\_\_\_\_\_\_\_\_\_\_\_ and continuing through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (\_\_\_) will not (\_\_\_) be approved. You may be eligible for payment under UNMC’s vacation or floating/banked holiday during the leave period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| Human Resources-Employee Relations | |  | Date |  | Date received in HR-Employee Relations |
| **Comments:** |  | | | | |

**Nebraska Family Military Leave Form**

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| --- |
| **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. Has a 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 Military service. 4. Military service will last 179 days or longer.   **Nebraska Family Military Leave**  **Eligible employees may take up to 30 work days of unpaid leave for a 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 Military service. Employees requesting 5 or more consecutive days of leave shall provide at least 14 calendar days’ prior notice. For leave of less than 5 consecutive days, employees shall give advance notice as practical. Documentation of the call to service from the proper military authority may be required.**  **Employees involved in any of the University of Nebraska insured benefit programs may continue to participate in said programs and will receive continued employer contributions for the period of the leave. They are, however, responsible for their employee contributions required to maintain those benefits when on an unpaid status.**  **When the leave ends, the employee must be restored to the position previously held or to a position with equivalent seniority status, benefits and pay, except when the employer proves the employee is not restored due to reasons unrelated to taking leave.**  **The employee’s responsibility:**   1. Complete the UNMC “Request for Nebraska Family Military Leave” form and attach appropriate documentation. 2. Discuss the “Request for Nebraska Family Military Leave” form with manager/supervisor. 3. Obtain approval/signature from manager/supervisor. 4. Return the “Request for Nebraska Family Military Leave” form and appropriate documentation 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).** |
| **Human Resources – Employee Relations’ responsibility:**  1. Approve and/or interpret the request after receiving the “Request for Nebraska Family Military Leave” form and documentation.  2. Return the request 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 Nebraska Family Military Leave Policy may be directed to Human Resources-Employee Relations at 402/559-4371 or 402/559-8534 during normal hours**