

**FMLA - REQUEST FOR FAMILY MEDICAL LEAVE**

Name		ID Number	FTE
Status (check box) Office Service      Managerial Professional      Faculty      Other		Date of Hire	
UNIT/Department		Campus Zip	
Home Address	Home Zip	Home Phone #	
Leave Coordinator	Phone #	Campus Zip	
Supervisor	Phone #	Campus Zip	

Leave Start Date:	Anticipated Leave End Date:
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**1. Reason for Family/Medical Leave:**

- ☐ The birth of my child or the placement of a child with me for adoption or foster care\*
- ☐ A serious health condition that prevents me from performing the essential functions of my job
- ☐ A serious health condition affecting my spouse, child or parent      Please Specify Relationship: \_\_\_\_\_
- ☐ The death of an immediate family member\*\*      Please Specify Relationship: \_\_\_\_\_

\* Maternity leave must be taken consecutively. Newly eligible dependents must be added to your benefits within 31 days of eligibility. Contact UNMC Benefits office at 402-559-4340.

\*\*See UNMC definition of immediate family member, Policy #1001.

**2. This leave is to be:**      Intermittent ☐      Consecutive ☐

**3. Anticipated number of leave hours to be taken:\***

Sick	<input type="text"/>	Vacation	<input type="text"/>	Floating Holiday	<input type="text"/>	Total Anticipated Leave Hours = <input type="text"/>
Funeral	<input type="text"/>	Unpaid Leave	<input type="text"/>			

\* 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 UNMC leave policy, #1001.

**4. Have you taken any FMLA leave in the past 12 months?\***      YES ☐      NO ☐

If yes, please give dates: \_\_\_\_\_

\*Leave of five consecutive days or more taken for any of the above listed reasons may apply toward the twelve weeks of eligibility for leave provided under the Family/Medical Leave Act.

**Are you dually employed?** Yes \_\_\_\_ No \_\_\_\_

**If yes, please circle which organization:**

Nebraska Medicine      Children's Hospital

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature      Date

\_\_\_\_\_  
Immediate Supervisor      Date

\_\_\_\_\_  
Human Resources-Employee Relations      Date

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**The Family Medical Leave Act of 1993** entitles each eligible employee to a maximum of 12 weeks of unpaid leave for certain family and medical reasons in a 12-month period. The University of Nebraska Medical Center complies with this Act and expands its coverage to include all regular employees with FTE of .50 or greater. Other employees, including temporary employees and graduate students, are covered with at least 1250 hours of service for the year preceding the leave. [Employee Leave Guidelines](https://wiki.unmc.edu/index.php/Guidelines_-_Employee_Leave) ([https://wiki.unmc.edu/index.php/Guidelines\\_-\\_Employee\\_Leave](https://wiki.unmc.edu/index.php/Guidelines_-_Employee_Leave)).

**EMPLOYEE'S responsibility**

- **Discuss** your "Request for Family Medical Leave" with manager/supervisor.
- **Complete** the "Request for Family Medical Leave" and the Certification of Healthcare Provider forms 30 days in advance if leave is foreseeable or as soon as possible if leave is unforeseeable.
- **Return** the FMLA request form, in a legible and completed format, to your supervisor. Provide a "Fit for Duty" when returning to work.
- **Approval/Signature** is obtained from manager/supervisor.

**Note** - It is the responsibility of the employee to make any benefits changes/arrangements needed or required (UNMC Benefits – Phone number: 402-559-4340).

**SUPERVISOR and/or LEAVE COORDINATOR'S responsibility**

- **Discuss** the leave and work alignment during absence (do not discuss the medical or reason for leave)
- **Sign** the "Request for Family Medical Leave" form for department approval.
- **Notify** the employee in writing via the "FMLA Notice of Eligibility and Rights and Responsibilities" form within five (5) days of request. (contact HR for this form).
- **Send** original signed copies of request and eligibility form to zip 5470.
- **Document** all leave hours used for FMLA, when leave is over send to HR-Employee Relations, [erdocuments@unmc.edu](mailto:erdocuments@unmc.edu)

**HUMAN RESOURCES – Employee Relations' responsibility**

- **Approve/Deny** request when accompanied by a Certification of Healthcare Provider form and/or other documentation.
- **Send** the "Designation Notice" with approval/denial to the employee, and manager/supervisor and Leave Coordinator.
- **Notify** department when "Fitness for Duty" certificate is received from employee or physician.

Questions regarding Family Medical Leave policy, contact Human Resources-Employee Relations at 402-559-5827 or [erdocuments@unmc.edu](mailto:erdocuments@unmc.edu).

\*\*\* FMLA forms can be found @ [https://wiki.unmc.edu/index.php/HR\\_-\\_Employee\\_Relations\\_Forms](https://wiki.unmc.edu/index.php/HR_-_Employee_Relations_Forms)