



Request for Family/Medical Leave

Please PRINT or TYPE

Name (Please Print) _____ Personnel Number: _____

Home address: _____ Campus Address: _____

Phone # _____

Department: _____ Supervisor's name _____

1. I request family/medical leave beginning _____ And continuing through _____ For the following purpose:

- The birth of my child or the placement of a child with me for adoption or foster care.
- A serious health condition that makes me unable to perform the essential functions of my job.
- A serious health condition affecting my spouse, child, or parent for which I am needed to provide care.
- The death of an immediate family member (see UNL definition of immediate family)

2. Total hours of anticipated absence from UNL _____

3. This leave is to be: paid unpaid combination

4. If this leave is to be paid or if it is to be a combination of paid and unpaid leave, please show number of hours of vacation, sick, and/or funeral leave to be taken:

Paid leave: vacation sick funeral unpaid leave

5. Have you taken leave of five consecutive days or more for any of these purposes within the past 12 months? Yes No

If yes, please give dates: _____

Please note that leave of five consecutive days or more taken for any of the above reasons applies toward the twelve weeks of eligibility for leave provided in the Family/Medical Leave Act.

I understand:

- * That I may be requested to provide medical documentation of my illness or the illness of my immediate family member
- * That I may be requested to provide a medical release upon my return to work
- * That UNL will continue employer contributions for my benefits, and that I am responsible for arranging coverage with the Benefits Office (Room 128, 501 Building, 68588-0244; 472-2600)

Employee Signature

Date

Immediate Supervisor approval

Date

Dean/Director approval

Date

Note to Dean/Director:

Please send, original to Department of Human Resources, 407 Canfield Administration, 0438 and send a copy to department. Requesting department to send copy to the employee requesting leave.

Questions about this form or about UNL's Family/Medical Leave Policy may be directed to Human Resources, 472-3101.