



Family Medical Leave and Military Family Leave Request Form

Last Name		First	M.
Employee ID		Work Phone	

Family Medical Leave under University Regulation 04.06.144 may be initiated by the employee, the supervisor, or Human Resources. Required certification forms are available online at www.alaska.edu/hr/forms/hr_leaveforms.xml. Please contact Human Resources (HR) for detailed information relating to benefits provided and eligibility requirements.

Section I: Employee, Supervisor or HR may complete this section

Supervisor Name: _____ Phone Number: _____

Department: _____ Campus (MAU): _____ TKL: _____

Anticipated Duration of Leave: _____ to _____
(may not exceed maximum allowed by law)

Reason for Family Medical Leave:

- The birth or adoption of employee's child.
- Placement of child with employee for foster care.
- Employee's serious health condition that makes the employee unable to perform the essential functions of his/her job (requires DOL Form WH-380-E)
- Employee is needed to care for an immediate family member¹ with a serious health condition (requires DOL Form WH-380-F)

Immediate family member name and relationship: _____

If child, date of birth: _____

Reason for Military Family Leave:

- Qualifying exigency leave because employee's _____ spouse, _____ son or daughter, _____ parent is on covered active duty or has been notified of impending call or order to covered active duty. (requires DOL Form WH-384)

(Covered active duty for regular Armed Forces means deployment to a foreign country. For National Guard or Reserve, deployment to a foreign country must be in support of a contingency operation.)

- Employee is the _____ spouse, _____ son or daughter, _____ next-of-kin of a covered service member with a serious injury or illness. (requires DOL form WH-385)

Type of Leave Requested:

- Continuous Leave
- Intermittent Leave³ (includes leave taken as a reduced work schedule, attach proposed schedule)
- Combination of both Continuous and Intermittent Leave³ (attach proposed schedule)

Section II: To be completed by employee (if available)

I am requesting Family Medical Leave (FML) per UA Regulation 04.06.144. I understand that:

- I must meet eligibility requirements for FML²
- FML benefits are limited per federal and state law.
- Completion of appropriate certification (DOL Forms as indicated above) is required for my personal serious medical condition, a family member's serious medical condition, qualified exigency leave or care for a

covered service member's serious illness or injury. All certification forms will be submitted directly to HR within 15 days. (DO NOT attach to this application.)

- I need to discuss the status of my benefits with a Human Resource Consultant
- I must exhaust all accrued sick leave, annual leave, and personal holiday, if applicable, prior to beginning leave without pay.
- I may be required to provide periodic recertification of the serious medical condition of myself or my immediate family member.
- Prior to return to work, I will provide HR with a release to return to work if FML is for my serious health condition.
- If approved, this absence will be counted towards my FML entitlement under applicable federal and/or state law.

Employee Signature

Date

e-mail

Section III: To be completed by Supervisor

- Acknowledgment of FML Request (where notification is initiated by employee)
- Notice to HR regarding possible FML event (where notification is initiated by supervisor)

Supervisor Signature

Date

e-mail

IMPORTANT

Immediately forward this completed form to Human Resources for approval and notification to employee of status of leave and benefits.

Section IV: Comments and Footnotes

- (1) Immediate family member is defined in UA Regulation 04.06.144.
- (2) To be eligible for Family Medical Leave, an employee must have worked the required length of time under state or federal law. State law requires that an employee be employed for at least 35 hours a week for at least six consecutive months, *or* for at least 17 ½ hours a week for 12 consecutive months immediately preceding the leave. Federal law requires the employee to have been employed with the University of Alaska for at least 12 months, and to have worked at least 1,250 hours during the 12 months immediately preceding the leave.
- (3) Intermittent Leave for birth or adoption of employee's child and placement for foster care requires supervisor approval; please provide proposed schedule for this leave. Intermittent Leave for planned medical treatment of serious health condition should be scheduled to allow minimal disruption to the workplace operations; schedule of treatment/absences should be provided with this request form.

Comments:

Return Completed Form to your Regional Human Resources Office
