

## REQUEST FOR LEAVE OF ABSENCE

### For Medical/Family Medical Leave (FMLA), Personal, Academic or Military

Employees must provide 30 days' advance notice for birth, adoption, foster care, planned medical treatment for self, family member or covered service member. If 30 days' advance notice is not possible, notice must be given "as soon as practicable" (meaning same day or next business day). In the event the employee does not provide 30 days' notice, University Hospital has the right to ask the employee to provide reasons why such notice was not given. Failure of employees to provide timely notice to the department and Human Resources will result in absences during the delay to be counted as non-FMLA absences and may be subject to discipline.

Employee's Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Supervisor Full Name: \_\_\_\_\_

#### MEDICAL/FMLA LEAVE:

☐ Baby Bonding/Adoption/Foster Care

☐ Serious health condition of self

☐ Serious health condition of self - Maternity

☐ Serious health condition of family member  
-Relationship: \_\_\_\_\_

☐ Military

#### OTHER LEAVE TYPES:

☐ Personal

☐ Academic

**Employees must select one option below (pertaining to the type of leave requested). Selection cannot be changed and is irrevocable, unless your claim is denied by the State, or you have a change in circumstances.**

*For Medical Leave of Absence for self, you will use (in daily increments, not hours)*

\_\_\_\_ Sick Day(s) and

☐ Apply for NJ Short Term Disability

Use all float and vacation days as per  
☐ Medical/FMLA Leave of Absence policy then apply for NJ Short Term Disability

*For Medical Leave of Absence for a serious health condition of family member, you will:*

Use ten (10) sick days as per Medical/FMLA Leave of Absence policy then apply for NJ Paid Family Leave Insurance.  
☐

Use ten (10) sick days as per Medical/FMLA Leave of Absence policy, use all float and vacation days, then apply for NJ Paid Family Leave Insurance  
☐

*For Medical Leave of Absence for baby bonding/adoption/foster care, you will:*

Use up to ten (10) days of your float and vacation days then apply for NJ Paid Family Leave Insurance  
☐

Use all float and vacation days as per Medical/FMLA Leave of Absence policy then apply for NJ Paid Family Leave Insurance  
☐

**or**

Currently receiving NJ Short Term Disability, will transition onto NJ Paid Family Leave Insurance  
☐

#### DURATION OF LEAVE:

☐ Continuous

LOA Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Intermittent or Reduced Schedule

Estimated Return Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### NOTE:

It is the employee's responsibility to make any necessary arrangements with the Human Resources Benefits Office to ensure continuity of health, life insurance and retirement benefits prior to beginning a leave and immediately upon return from leave. Depending on the duration of a leave of absence, an employee's health, life insurance and retirement benefits may be affected; if arrangements are not made, such benefits may cancel and employees may be subject to COBRA coverage.

Upon submission of this Request for Leave of Absence (if a Medical/FMLA leave) employees will receive a notification from the Human Resources Leave of Absence Office.

#### SIGNATURES:

My signature below certifies that I have read and understand the above information as well as the UH Medical/FMLA Leave policy and to the best of my knowledge, all information I have provided or will provide supporting my request for leave is accurate.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Supervisor/Department Head Signature Required for Personal/Academic Leave Requests Only***

Supervisor/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_