## 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. Failure to provide timely notice to your department and Human Resources will result in absences been unprotected and may subject the employee to discipline. You are required to follow your department call out procedures until you receive written correspondence from Human Resources advising the status of your requested leave.

Employee's Name:	Employee ID #:	Date of Hire://
Position Title:	Department:	
Home Address:		Telephone:
Personal Email:	Supervisor Full Name:	
MEDICAL/FMLA LEAVE:	Serious health condition of family men	mber OTHER LEAVE TYPES:
Baby Bonding/Adoption/Foster Care	-Relationship:	Personal-Unpaid
Serious health condition of self Serious health condition of self - Maternia	☐ Military ty	Academic-Unpaid
Employees must select <u>an</u> option below. For employees applying for New Jersey Temporary Disability, accrued sick time must be used first and exhausted. Selection cannot be changed once a request is submitted.		
For Medical Leave of Absence for self, you will use (in daily increments, not hours)	For Medical Leave of Absence for a serious health condition of family member, you will:	For Medical Leave of Absence for baby bonding/adoption/foster care, you will:
Sick Day(s) and//	Use ten (10) sick days as per Medical/ FMLA Leave of Absence policy then	
Apply for NJ Short Term Disability	apply for NJ Paid Family Leave Insurance.	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.	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	Use all float and vacation days as per Medical/FMLA Leave of Absence policy then apply for NJ Paid Family Leave Insurance
DURATION OF LEAVE:		or
Continuous	LOA Start Date://	Currently receiving NJ Short Term
Intermittent or Reduced Schedule	Estimated Return Date://	Disability, will transition onto NJ Paid Family Leave Insurance
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.  Personal Leaves and Academic Leaves are approved by the employee's department in consultation with the Department of Human Resources.		
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:		//