

FAMILY MEMBER

**IMPORTANT INFORMATION**

**MEDICAL-FMLA LEAVE OF ABSENCE FORMS:**

**MUST BE FORWARDED DIRECTLY TO:**

**LEAVE OF ABSENCE**

**HUMAN RESOURCES**

**150 BERGEN ST. B-LEVEL ROOM 417**

**NEWARK, NJ 07101-6750**

**FAX: (973) 972-0549**

**EMAIL: [MYLOA@UHNJ.ORG](mailto:MYLOA@UHNJ.ORG)**

**POLICIES CAN BE FOUND ONLINE AT**

**[Policy Manager - MCN Healthcare \(ellucid.com\)](#)**

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**FOR NJ SHORT TERM DISABILITY OR NJ PAID FAMILY LEAVE INSURANCE, YOU MUST APPLY DIRECTLY WITH THE STATE ONLINE. OUR OFFICE DOES NOT RECEIVE OR REVIEW THESE INQUIRES.**

**APPLY ONLINE:**

**<https://www.myleavebenefits.nj.gov/>**

**TO BE ELIGIBLE FOR JOB PROTECTION UNDER FMLA, YOU MUST HAVE BEEN EMPLOYED AT UH FOR A MINIMUM OF 12 MONTHS AND HAVE WORKED 1,000 HOURS IN THE LAST 12 MONTHS.**

**YOU ARE REQUIRED TO FOLLOW YOUR DEPARTMENT CALL OUT PROCEDURE UNTIL YOU RECEIVE WRITTEN CORRESPONDENCE FROM HUMAN RESOURCES ADVISING THE STATUS OF YOUR REQUESTED LEAVE.**