

SELF/MATERNITY

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

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.**