



LEAVE OF ABSENCE/FAMILY MEDICAL LEAVE ACT INFORMATION

Please read the information below carefully. If you have questions concerning leave procedures, please contact your immediate supervisor for assistance. You are required to return this form signed before your leave request will be considered.

Leave of Absence may be issued for several reasons. Documentation is required for each type of leave. Leave of Absence may be applied for the following:

- A. MATERNITY/PARENTAL RECUPERATION OF HEALTH ([HUM-A031/HUM-A016](#))**
 1. A statement from the attending physician certifying the medical condition and estimated duration.
- B. ADOPTION/ FOSTER CARE PLACEMENT ([HUM-A016](#))**
 1. A letter from the adoption agency certifying the date of adoption will occur or documentation regarding foster care placement.
- C. ADVANCED EDUCATIONAL STUDY ([HUM-A017](#))**
 1. A letter from you detailing the purpose of the leave and the program of study to be followed.
 2. Documentation from the College/University verifying program and enrollment.
- D. MILITARY LEAVE ([HUM-A016](#))**
 1. A letter showing Military leave (FMLA) caregiver or qualifying exigency.
- E. MILITARY SERVICE ([HUM-A024](#))**
 1. A copy of the order for action duty.
- F. LEGISLATIVE SERVICE ([HUM-A006](#))**
 1. A letter from the election commission certifying the results of the election and the term of office.
- G. OTHER SUFFICIENT REASON ([HUM-A033](#))**
 1. A letter from you explaining the need for leave.

Family Medical Leave Act (FMLA) FMLA Leave is unpaid. However, the employee must substitute any paid leave or OJI time which has been earned or accrued in place of FMLA leave until this earned or accrued leave has been fully used. Accordingly, the paid leave and the FMLA leave will run concurrently. Any remaining FMLA leave will be unpaid. Employees using FMLA for maternity leave purposes must use accumulated sick leave during the period of the mother's physical disability only, as determined by a physician. Sick leave days must be used concurrently with maternity, adoption or recuperation of health.

All types of leave must be requested at least thirty (30) days in advance of the date of your last work day. Supporting documents must accompany the leave request for consideration. All leave requests and appropriate supporting documents must be submitted to the Chief Human Resources Officer or designee. In the event that thirty (30) days notice is not given, it will be necessary to contact the Chief Human Resources Officer or designee.

Please note that should your beginning or ending date of leave of absence/FMLA change after you have submitted your request, you must notify the Chief Human Resources Officer or designee in writing of said change.

I have read and agree to abide by the conditions required to submit a *Leave of Absence/Family Medical Leave Act Request*.

Please Print Your Name

Signature

Date

THIS SIGNED FORM MUST ACCOMPANY YOUR LEAVE OF ABSENCE REQUEST.