

Concordia College
Human Resources

Request for Family Medical Leave Leave of Absence

Please complete both sides of this form. Have the treating medical provider complete the appropriate Certification of Health Care Provider form. Return both forms to Human Resources. Phone 218.299.3339 or Fax 218.299.4456. To assist in planning, request for Family or Medical leave must be made, if practical, at least 30 days prior to the date of the requested leave is to begin. **PLEASE PRINT**

Last Name	First name	Middle Initial	Date
Home Address	City	State	Zip Code
Department	Title		
Supervisor's Name		Phone Number	
		() -	
Status			Hire Date
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			/ /
I am requesting			
<input type="checkbox"/> Because of the birth of my child			
	Expected date of birth	/ /	Actual date of birth
	Leave to start	/ /	Expected return date
<input type="checkbox"/> Because of the placement of a child with me for adoption or foster care.			
	Date of Placement	/ /	
	Leave to start	/ /	Expected return date
<input type="checkbox"/> In order to care for my spouse, child or parent, who has a serious health condition.			
	Leave to start	/ /	Expected return date
<input type="checkbox"/> For a serious health condition that makes me unable to perform my job.			
	Leave to start	/ /	Expected return date
<input type="checkbox"/> For Military Family Leave: <input type="checkbox"/> Qualifying Exigencies (Please complete Certification of Qualifying Exigency) <input type="checkbox"/> Serious Injury or Illness of a Covered Servicemember			
Describe Need			
	Leave start date	/ /	Expected return date
<input type="checkbox"/> I am requesting an intermittent leave schedule (if applicable: the leave will be subject to the employer's approval):			
Describe Need:			
Is your illness related to an on the job injury?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taken a family or medical leave in the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, how many workdays?			

If requesting FMLA, I understand and agree to the following provisions:

- I have worked for Concordia College at least one year and at least 1,250 hours in the immediate previous 12 months.
- If I fail to return after the leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, I will be financially responsible for the medical insurance premiums the College paid while I was on leave.
- The leave will be unpaid once I exhaust accumulations of sick and vacation time.
- I will be responsible for contacting Human Resources at 218.299.3339 for information on payment of my share of premiums in the cases where the leave becomes unpaid.
- If I do not return to work or contact my supervisor or Human Resources at 218.299.3339 as expected, it will be considered that I abandoned my job.

If requesting Leave of Absence, I understand and agree to the following provisions:

- The leave will be unpaid once I exhaust accumulations of sick and vacation time.
- I will be responsible for contacting Human Resources at 218.299.3339 for information on payment of my share of premiums in the cases where the leave becomes unpaid.
- If I do not return to work or contact my supervisor or Human Resources at 218.299.3339 as expected, it will be considered that I abandoned my job.

Employee

Signature _____ Date _____ / _____ / _____

This section for Human Resources use

FMLA Leave Approved

FMLA Leave Denied

Leave of Absence Approved

Leave of Absence Denied

**Human
Resources
Signature:** _____

Date: _____

Notes: