

The purpose of this guide is to help employees with completing the **Medical Leave Request** form prior to submitting it to the FMLA/Benefits Consultant. **Only one copy of the leave form must be submitted; it does not have to be the original.**

The Medical Leave Request form cannot be approved without the following information:

- ✓ Date of Request
- ✓ Checking the appropriate box at the top of the form indicating whether a request is new or a supplement to previous request.
- ✓ Employee Data Section under Part I
- ✓ Leave Selections under Part II
- ✓ Reason(s) for Requiring Leave under Part II (i.e., Serious Health Condition of Employee, Parent, or Child)
- ✓ Leave Request Section under Part III for dates the employee is requesting to be absent. **This is the MOST critical part of the form, and all highlighted fields must be completed as we cannot accept with incomplete dates or schedule.**

If requesting a <u>leave of absence</u>, complete the following fields:	Start Date:		End Date:	
If requesting a <u>reduced work schedule</u>, complete the following fields:	Start Date:		End Date:	
	Hrs/Week:		Work Schedule:	
If requesting an <u>intermittent work schedule</u>, complete the following fields:	Start Date:		End Date:	
Expected Frequency of Absences				
Expected Duration of Absences				

Note: If you are requesting an intermittent/reduced work schedule, you must fill in an expected schedule. If you are unsure of your proposed schedule, speak with your physician. You must attempt to obtain this schedule. If all attempts to obtain the schedule fail, then indicate that a schedule could not be determined and provide a justification in the fields above.

- ✓ Employee and Supervisor Signatures under Part IV
- ✓ Completion of *U.S. Department of Labor Certification of Health Care Provider for Employee’s Serious Health Condition or Family Member’s Serious Health Condition* (i.e., the “Medical Certification Form”).

Note: Due to HIPAA rules regarding the confidentiality of health information, you are not required to provide the *Medical Certification* form to your department. The *Medical Certification* form should be sent directly to the FMLA/Benefits Consultant.

If you are requesting Voluntary Shared Leave, then your department must authorize the employee to receive any shared leave under **Part IV, "Departmental Leave Authorization."**

Shared leave is paid by the department, and your department may cap the number of hours of shared leave provided under **"Total number of shared leave hours authorized."**

****Once completed, please give to your supervisor for review and approval before forwarding to the FMLA/Benefits Consultant.****

Medical Leave Request Forms and/or Medical Certification Forms that are incomplete will delay the processing of your leave request. If the Medical Certification Form is incomplete, the FMLA/Benefits Consultant will make an attempt to obtain the information. If the Consultant is unsuccessful, you will be notified in writing within 5 business days of the needed information, and you will be expected to submit a corrected form.

Once approved for leave, it is your responsibility to notify the Payroll & Leave Coordinator of any absences related to your approved FMLA leave and which leave codes should be used (i.e. sick, vacation, shared leave, unpaid).