Divine Word College
Educating Tomorrow's Missionaries

(Approved 11/17/16)

Family Medical Leave Act (FMLA) Request Form

Employee Name: _____
Approximate Start Date for FMLA Leave: _____
Expected Return Date: _____

You must have worked at least 12 months with a total of at least 1,250 hours worked in the previous 12 months. Do you satisfy this requirement?

- ☐ Yes
- ☐ No

Reason(s) for FMLA Leave (check all that apply):

- ☐ 1. Birth of a child, or placement of a child with you for adoption or foster care (within one year of child's birth or placement).
- ☐ 2. The employee's own qualifying serious health condition that makes the employee unable to perform the employee's job.
- ☐ 3. To care for the employee's spouse, child, or parent who has a qualifying serious health condition (parent, child under age 18 or older child if disabled, spouse).
- ☐ 4. Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty."
- ☐ 5. Care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin.

Are you requesting an intermittent leave? (*Do you want to work less hours per day or less days per week than your normal schedule)?* If yes, attach a separate sheet with your proposed schedule.

- ☐ Yes
- ☐ No

Please note that an employee who requests FMLA leave is required to first use paid sick leave and vacation days prior to using unpaid FMLA leave. The paid days are included in the twelve week total of FMLA leave. In addition, the *Longer Illness or Condition* benefit, including the *Extended Illness* benefit, are included in the FMLA leave. All this will be explained on the approval/denial letter issued by the College to the employee requesting FMLA leave.

Employees seeking leave because of the first, second, or third reasons above, must provide a health care provider's statement and return it within fifteen (15) days (or in case of emergencies, as soon as possible). Employees seeking leave because of the fourth or fifth reasons above, must submit documentation from the military within fifteen (15) days (or in case of emergency, as soon as possible). I understand that my leave may be delayed until I provide the appropriate documentation.

Employees seeking to return to work after a leave because of their own serious illness must provide a health care provider's written release to return to work. I understand that I may not be permitted to resume my position until I have provided said written release.

I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of my leave period, I will reimburse my employer for the cost of health benefits provided during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____