

Family Medical Leave Act (FMLA) Leave Request Form

An employee is eligible to request leave using the Family Medical Leave Act (FMLA) if he/she has been an employee of Snow College for at least 12 months and has worked at least 1250 hours in the 12 months preceding the time-off request.

Directions for applying for Leave under FMLA:

- Employee complete this request form and give it to your supervisor to sign. Once signed, send the form to Human Resources (HR).
- For questions and submission of forms contact the Employee Relations Specialist in Human Resources at 435-283-7043 or send email to: hr@snow.edu
- After HR Review, you will be notified as to the status of your leave request.

Part I: Leave Request Data				
Employee Name:	Employee ID#:		e Telephone #:	
REASON FOR REQUEST: (Check one)				
Birth of Child Due Date (M/D/YYYY):				
Placement for Adoption/Foster Care Date of Placement/Adoption:				
Serious Health Condition of Employee				
Care for seriously ill family member Name:		Relationship:		
Military Family (Exigency) Leave Name:		Relationship:		
Military Care Giver Leave	Military Care Giver Leave Name:		Relationship:	
Date requested Leave is to begin:	Date you expect to return to work:			
PART II: For Employees Taking Time Off Due To Serious Health Concerns				
I am aware that I will need to turn in additional HR paperwork that has been completed by my healthcare provider. Before returning to work, I will be required to turn in a Medical Release-Return to Work Form filled out by my healthcare provider.				
Are you requesting intermittent leave?	Yes	No		
If YES, explain schedule requested:				
Are you requesting a reduced work schedule?	Yes	No		
If YES, explain schedule requested:				
If Faculty are you tenured?	Yes	No		
Credit towards advancement or tenure will not be accrued during FMLA leave.				
Would you like to retain 10 hours of vacation accruals during the FMLA leave?: Yes No *Accruals must be used in order to remain in a paid leave status.				
Do you want to be placed on FMLA Leave without pay for any period? Yes No				
Explain request: Part III: Employee Entitlement and Responsibilities				
I understand that:				
During my FMLA-eligible period of paid leave, my benefits will continue - if taking unpaid leave, accrual of sick/leave time will not occur.				
For unpaid leave only: information on continuing premium payments will be sent to me by the HR department				
I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.				
Employee Signature:			Date:	
Part IV: Supervisor Information				
Supervisor / Dept/Division Head Signature:	Print Name:		Date:	
Human Resources Signature:	Print Name:		Date:	