

Appendix IV

University of Nebraska at Omaha
Faculty Request for Family/Medical Leave

Name _____ Social Security Number personnel number

A family/medical leave of absence is requested for the following reason(s):

To address a serious health condition of a family member as defined in Section 3.9.5.1(a) of the Collective Bargaining Agreement. ~~Please explain.~~

To address a serious health condition of the employee. ~~Please explain.~~

To address maternal/paternal concerns associated with the birth of a child or the adoption of a child.

In association with a death in the immediate family. Please indicate the person's name and relationship. _____

The family/medical leave of absence shall begin on date) _____ and conclude on (date) _____. If the family/medical leave of absence is to be taken in conjunction with disability leave, vacation leave or funeral leave, please indicate the type of leave and the dates below:

Type of Leave	Begin Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments:

Faculty/Staff Signature Date

Chairperson Signature Date

Dean Signature Date

Vice Chancellor Signature Date