

REQUEST FOR FAMILY MEDICAL LEAVE

Please complete all areas:

Name	Home Address and Zip Code	Home Telephone #
Campus Address, Telephone #	Start Date for Family Medical Leave	Anticipated Return Date

1. **Reason for Family/Medical Leave:**

- The birth of my child or the placement of a child with me for adoption or foster care
- A serious health condition that prevents me from performing the essential functions of my job
- A serious health condition affecting my spouse, child or parent, or those bearing the same relationship to my spouse, for whom I need to provide care. Please specify relationship: _____
- Any qualifying exigency arising out of the fact that your ___ spouse; ___ child; ___ parent is a covered military member on "covered active duty;" **or**
- Twenty-six work weeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

2. **If this leave is to be paid or to be a combination of paid and unpaid leave, please show the number of hours of vacation, floating holiday and/or sick leave to be taken:**

Sick: _____ Vacation: _____ Floating Holiday: _____ Unpaid Hours: _____

Please note that you must have positive leave balances under these plans to receive payment. Your use of any leave time must be appropriate to the situation and consistent with the current UNO leave policy.

Please note that leave of five or more consecutive scheduled workdays, taken for any of the above reasons, applies toward the twelve weeks/480 hours (prorated for part-time FTE) of leave eligibility provided by the Family/Medical Leave Act.

3. **This leave to be:** Intermittent Consecutive Combination

Employee Signature

Date

Supervisor's name & telephone (please print)

Immediate Supervisor's Signature

Date

Date Received in HR _____

Return this form. Page 1 and 2 to Human Resources – EAB 205 – for processing.

For additional Family/Medical Leave Information, please review the other side of this document.

Complete information is available at the UNO policy directory:
<https://www.unomaha.edu/human-resources/policy-directory.php>

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.