

APPLICATION FOR LEAVE

<input type="checkbox"/> Academic Personnel	Today's Date	_____
<input type="checkbox"/> TEAMS	Employee's UFID	_____
<input type="checkbox"/> USPS	Employee's Name	_____
<input type="checkbox"/> OPS*	Division/College	_____
*Without pay only. Required only for FMLA events. Depts may use for other purposes.		
Department/Section		

Date/Time of Absence	Beginning:	Date _____	Time _____
	Ending:	Date _____	Time _____

FMLA-Qualifying Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entitlement Year Start Date _____
Total Hours Absent:	_____	(Round to quarter-hour increments: .25, .50, .75, as appropriate)	

Indicate type of leave requested. More than one type of leave may be entered on the application if used during the same period of absence (e.g., 6 hours of vacation and 2 hours of sick leave).

PLEASE CHECK THE TYPE OF LEAVE YOU ARE REQUESTING:

Type and Amount of Leave

- Vacation
- Sick (Employee)
- Sick (Family)
- Workplace Injury Leave
(First 40 hours of work-related injury)
- Regular Compensatory Leave
(Exempt USPS only)
- Special Compensatory Leave
(Exempt and non-exempt USPS and non-exempt TEAMS. Employees receiving workers' comp salary payments NOT eligible)
- Overtime Compensatory Leave
(Non-exempt USPS and TEAMS only. Cannot be counted toward FMLA entitlements.)
- Personal Holiday (Permanent USPS)

Type of FMLA Event (If Applicable)

- Parental leave
- Medical leave
- Military, long-term
- Worker's compensation

December Vacation Leave Cash-Out
(TEAMS only)

- Hours cashed out

(Maximum of 16 hours; must have 40 hours or more remaining.)

*I am requesting leave without pay for the following reason(s):

I certify that my absence is for the reason stated above and I understand that my absence will count toward my 12 workweeks of FMLA entitlement if absence is for a qualifying event. (See notice for more information.)

Employee's signature

Supervisor's signature/title

IMPORTANT NOTICE TO EMPLOYEES REGARDING FMLA LEAVE

FMLA (Family and Medical Leave Act)-QUALIFYING EVENTS INCLUDE:

1. Becoming a biological parent, a child being placed in your home pending adoption, or foster care.
2. To care for your immediate family member (your parent, child, or spouse) with a serious health condition as defined by the FMLA.
3. A serious health condition, as defined by the FMLA, is one that makes you unable to perform the essential functions of your job.

Except as explained below, eligible employees have a right under the FMLA for up to 12 workweeks of unpaid leave in a 12-month period for the reasons listed above. Also, health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence or onset of a qualifying event which would entitle you to FMLA leave (2) other circumstances beyond your control, you may be required to reimburse the University of Florida for any share of health insurance premiums paid on your behalf during your FMLA leave.

Medical certification is required for all absences due to injuries or illnesses defined as serious by the FMLA regardless of whether the patient under medical care (either the employee or a member of the employee's family) meets the FMLA's definition of family or the university's broader definition of "immediate family." Medical certification must be furnished within 15 calendar days after the request for the leave is made, unless it is not practicable to do so despite diligent, good faith efforts. If medical certification is not furnished within the timeframe as described above the commencement of the leave may be delayed. If medical certification is never provided the absence is not considered FMLA leave.

You may elect to substitute accrued paid leave for unpaid FMLA leave in accordance with the usual requirements and procedures for using accrued paid leave. Also, if you normally pay a portion of the premiums for health benefits offered by the University of Florida, these payments will continue during the period of FMLA leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not timely, your health benefits may be cancelled, provided the University Benefits Department notifies you in writing at least 15 days before the date that your coverage will lapse. If premium payments are not made via payroll deductions, you need to contact the University Benefits Department to make other arrangements.

You may be required to provide appropriate certification that you are able to return to work prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

If the need for FMLA leave is foreseeable, you must provide the University of Florida at least 30 days advance notice before the leave is to begin. If 30 days notice is not practicable (for example, a medical emergency or change in circumstances) notice must be given as soon as practicable. If you fail to provide the University of Florida proper notification as described above, the commencement of the leave may be delayed.

You are required to report periodically on your status and intent to return to work while on FMLA leave. These updates will be required weekly unless you and your supervisor have agreed otherwise.

OTHER LEAVE POLICY HIGHLIGHTS

This application for leave form should be used to document an employee's absence from work when the length of the absence is 15 days or less. Only one period of absence (occurrence) may be entered on the application for leave form; however, more than one type of leave may be used during an absence. If the employee returns to work and later must be absent again, a second application for leave must be submitted for the second absence from work. In all cases, the application for leave should match the employee's time-worked record.

For absences greater than 15 days, complete a Request for Extended Leave of Absence form, an Intermittent Use of Paid Leave Application, and a Certification of Health Care Provider form, as appropriate.