



**Department of Human Resources**  
280 University Hall  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-2120  
FAX (937) 775-3040

### Family and Medical Leave Application

Please complete the following information and return this form to Jamie Henne, 280 University Hall.

\_\_\_\_\_  
Employee's Name (required)

\_\_\_\_\_  
Today's Date (required)

\_\_\_\_\_  
U-ID# (required)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Supervisor's Name

Who is the Patient? (please check one - required)     Employee     Family Member

Relationship to employee \_\_\_\_\_

Is this leave (please check one)     Continuous     Intermittent?

Is this leave for maternity     Yes     No. If yes, what is the due date? \_\_\_\_\_

Comments: \_\_\_\_\_

**Disclaimer:**

- The maximum FMLA leave allowed is 12 weeks in any 12-month period.
- FMLA will run concurrently with all other applicable leave types (e.g. sick leave, worker's comp, parental leave).
- You eligible to continue your benefits and that, if your leave is unpaid, you will be responsible for remitting the premiums to the Department of Human Resources.
- You have the right, upon return from leave to be returned to your original position or an equivalent position (with equivalent pay, benefits and other terms of employment).
- If you are requesting intermittent leave or a reduced work schedule, and your absences are foreseeable in their nature, you must provide a listing of the schedule being requested.
- You must give notice 30 days in advance for a leave that is foreseeable (e.g., surgery, pregnancy/delivery) and you must give notice within 2 days of the need for leave (or as soon as practicable) when the need for leave is not foreseeable (e.g. an emergency).