



BOWLING GREEN STATE UNIVERSITY

Office of Human Resources

REQUEST FOR FAMILY & MEDICAL LEAVE (FML)

PLEASE PRINT

Form fields for personal information: Last Name, First Name, Middle Initial, BGSU ID #, Street Address, City, State, ZIP Code, Department, Supervisor, Home Phone, Work Phone, E-Mail (please provide full path name)

Faculty [ ] FT [ ] PT Administrative Staff [ ] FT [ ] PT Classified Staff [ ] FT [ ] PT

EMPLOYEE -After completing below, read and sign the reverse side of this sheet and return to Human Resources. Your request for leave must be supported by medical documentation which you have provided or will provide to HR.

I am requesting Family & Medical Leave (FML) from work at Bowling Green State University for the care of:

- Self
Spouse (name)
Child (name) (age)
Parent (name)
Military Servicemember (name)

Medical Reason for Leave Request:

I am requesting leave on:(Check all that apply)BEGINNING AND ENDING DATES MUST BE LISTED

- a full-time basis beginning through
a reduced work schedule\* from through
an intermittent schedule\*\* between through

\*I will work a regular weekly schedule with reduced hours \*\*I will take occasional or regularly scheduled time off for appointments, therapy,etc

You may take any or all of the following time for FML. Please check all that you will use:

- sick leave compensatory time vacation unpaid leave

**INSTRUCTIONS TO EMPLOYEE:**

1. Notify your immediate supervisor regarding the need for Family & Medical Leave (FML).
2. Note the following reminders:
  - a. Leave of absence is authorized in accordance with the Federal Family & Medical Leave Act (FMLA) and the University's current paid and unpaid leave of absence policies and procedures as provided in the handbooks. FML runs concurrently with approved leaves; it is **NOT** provided in addition to or separate from these leaves.
  - b. Human Resources requests medical certification from your physician (*Certification by Health Care Provider*) in order to determine whether your requested absence(s) is FML related. Your failure to submit the requested medical certification form within a timely manner (see below) may delay approval of your leave request.
  - c. Full-time employees are eligible for up to 12 weeks of FML per 12 month rolling period (one year from the start day of leave); part-time employees are eligible for pro-rated leave based on the average number of hours per week they worked during the prior 12 months.
  - d. Employees who have worked for at least 1,250 hours during the 12 month period immediately prior to the request for FML are eligible for leave.
3. Complete form, sign, and date.
4. Submit form to the Office of Human Resources, #100 College Park. If leave is foreseeable ( i.e., planned surgery or pregnancy), the law requires a 30-day notification for leave. In case of an emergency or unforeseeable illness, (i.e., car accident, heart attack) contact Human Resources at 419.372.8422 as soon as possible.

**EMPLOYEE ACKNOWLEDGEMENT: Please read and sign below.**

I have read the above information and:

1. I understand that until my absence is approved as FML, I must follow the procedure to call my supervisor on a daily basis.
2. If my leave is due to planned medical treatments/appointments, I agree to consult with my supervisor and my (or my family member's) health care provider to schedule my planned work absences so that they do not unreasonably and unduly disrupt the operations of my work unit;
3. I understand my absence from work is not approved as FML time until it has been approved by Human Resources (HR).
4. I understand that my Bowling Green State University handbook applies to my absence(s) and that, if I fail to give advance notice to Human Resources of my absence in writing, my leave may not be approved as Family & Medical Leave (FML).
5. I acknowledge that it is my responsibility to submit the request form for FML to Human Resources no later than 30 days before my requested leave or as soon as I become aware of my need for leave.
6. I acknowledge that, if I am taking leave for purposes other than those set forth in my FML leave request, my absence(s) may not be approved under or protected by the Family & Medical Leave Act.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**It is the employee's responsibility to ensure that this form is properly completed and returned to the Office of Human Resources prior to or within a maximum of 15 days of the leave request.**