

Date Completed: _____

Medical Leave Request Form

Complete this form for Medical Leave (Family Medical or Other). If applying for Family Medical Leave you must also provide the U.S. Department of Labor form (4 pages).

The completed form should be returned to:

Campus Mail: Human Resources – Leaves AC 708
 Fax: Human Resources – Leaves (859) 572-6998

Employee Information

Employee #: _____

Employee Name: _____

Department: _____

Supervisor Name: _____

Phone #: _____

Time Administrator Name: _____

Phone #: _____

Reason for Leave:

<input type="checkbox"/>	Self – Serious health condition	<u>If the leave is to care for a family member, please mark the relationship of that person to you:</u>	
<input type="checkbox"/>	Birth or first year care of a child		
<input type="checkbox"/>	Placement of a child for adoption/foster care	<input type="checkbox"/>	Spouse (husband/wife) by law
<input type="checkbox"/>	Care of a spouse, child, parent, or other party with a serious health condition	<input type="checkbox"/>	Child (someone for whom you have primary care)
<input type="checkbox"/>	Military Caregiver	<input type="checkbox"/>	Parent (not parent in-law)
		<input type="checkbox"/>	Other relative (please specify): _____

Dates

Last day to be worked: _____

Leave begin date: _____

Estimated return to work: _____

Signatures

Supervisor Signature

Date

Employee Signature

Date

I understand that by signing this form I am authorizing a designated NKU human resources professional to contact any health care provider to verify and/or clarify the information and to confirm return to work documents, if needed. I understand that if I do not agree to this authorization, my medical leave request could be delayed or denied.

I understand that if all or a portion of my leave is unpaid, I am responsible for payment of my portion of my benefit costs for this unpaid period.

An employee who fraudulently obtains FML will be subject to disciplinary action, up to and including termination.