



Request for Family and Medical Leave Form

University employees are entitled to 480 hours of family and medical leave during the 12-month period following the date of the initial designation.

SECTION I: TO BE COMPLETED BY THE EMPLOYEE

A. Specific information is required to determine if family and medical leave is appropriate and to provide you with your entitlement to benefits during leave. Please complete the following questions:

Employee Name
Division

Social Security Number
Position Title

To be eligible for family and medical leave, you must have accrued at least 12 months or 52 weeks of state service (Montana University System or the State of Montana) and have worked at least 1,250 hours in a pay status during the 12 months preceding the start of leave. The 12 months of state service need not be continuous. If you were maintained on the payroll for any part of a week, you will be credited with one week of employment for the purpose of meeting this eligibility criterion.

If you meet these criteria, list the dates and duration of employment and employing unit or agency.

Note: if you worked for a state agency or university system unit other than The University of Montana and are using that employment to fulfill the 12 months of state service requirement, you must provide documentation from that agency or unit verifying employment dates and pay status.

B. Reason for leave (Check appropriate box)

- For your own serious health condition
- To care for your child, spouse, or parent who has a serious health condition
- Due to the birth of your child
- Due to the placement of a child with you for adoption or foster care
- For qualifying exigency leave arising out of the fact that a family member is called to active duty

Note: Medical certification may be required to support the need for leave related to a serious health condition.

In the case of a serious health condition, will the patient require (check if applicable):

- Inpatient hospitalization
- Continuing treatment by a health care provider



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SECTION II: TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

The following family and medical leave has been approved

(Briefly explain the reason for leave; include anticipated dates of leave; indicate whether leave is paid – specify type or unpaid):

If a request for intermittent or reduced work schedule leave after the birth, adoption, or foster care placement of a child is approved by the employee's supervisor, a copy of the written agreement (outlining the work schedule and start/ending date) must be submitted to Human Resources.

Check the following if applicable:

Medical certification is required to support the need for leave related to a serious health condition.

A copy of the Military Orders is required to support the exigency leave for call to active duty.

The employee is required to submit a certificate from the health care provider stating the employee is fit to return to work

The employee's request for family and medical leave has been denied

(Briefly explain):

Supervisor's Signature

Date

Distribution:

Original returned to Human Resources

Copy provided to employee

NO documentation retained by Supervisor