

[Back](#)  
[Back to HR Forms](#)  
Sisters of Charity of Nazareth

Request for FMLA Leave

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employment Date: \_\_\_\_\_

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I request a Family and Medical Leave Act (FMLA) leave for \_\_\_ days beginning \_\_\_\_\_ and ending \_\_\_\_\_ for the following reasons (Note: If leave is for intermittent days, attach a schedule that indicates the days of leave needed - if possible.):

\_\_\_\_\_ Serious Illness (self)  
Explain: \_\_\_\_\_

\_\_\_\_\_ Serious Illness of Spouse, Child, or Parent  
Explain: \_\_\_\_\_

\_\_\_\_\_ Birth, Adoption, and/or Placement for Adoption and/or Foster Care

I understand the following guidelines will apply to the FMLA leave:

1. I will provide the necessary medical certification within 15 days of this request. If I am unable to provide the certification within the 15-day period, I will advise the Human Resource Office of this and ask for an extension.
2. I may be asked to provide medical recertification after 30 days.
3. If I am covered under the employer's group health insurance plan, I understand that I am responsible for paying my portion of the medical insurance premium while I am on leave. The amount of the premium and the date on which the premium is due will be given to me in writing within five days of the start of my leave.
4. I will be required to use any accrued Sick Leave benefit before taking unpaid leave if the leave is for my own personal illness (use of sick leave is limited to 5 days per year for care of a dependent). I may, but am not required to, use any other paid benefits (vacation, holiday, and PTO) prior to using unpaid leave.
5. In case of leave for my own personal illness, I will be asked to provide medical certification at the end of my leave stating that I am able to return to work to perform the essential functions of my job.
6. When I return from my FMLA leave, I will be reinstated to the same or equivalent position that I held when the leave began with equivalent pay, benefits, schedule, and other terms.

7. If I am unable to return to work once my eligibility for FMLA leave expires, I may apply for a Leave of Absence according to the provisions outlined in the Personnel Policy handbook.
8. If I do not return to work once my eligibility for FMLA leave expires and I do not apply for a leave of absence, my employment will be terminated.

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

\_\_\_\_\_  
Date

Leave Approved:            G Yes            G No

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

\_\_\_\_\_  
Director, Human Resources

\_\_\_\_\_  
Date