



NCCU APPLICATION FOR FAMILY AND MEDICAL LEAVE (FMLA)

Office of Human Resources – Benefits and Services

The Family and Medical Leave Act of 1993 (FMLA) requires covered employers to provide up to 12-weeks of paid or unpaid job protected leave to “eligible” employees for certain family and medical reasons. This can be used for serious personal illness, birth or adoption of a child, the serious illness of an immediate family member, qualifying exigency or military caregiver leave.

EMPLOYEE INFORMATION (for all employees):

Name of Employee: [Click here to enter text.](#)

Banner No.: [Click here to enter text.](#)

Start Date of Leave: [Click here to enter text.](#) Expected End Date: [Click here to enter text.](#)

Hours per week requested: [Click here to enter text.](#) ***Attach a schedule if less than full-time leave

Leave is for: Personal Illness Adoption or birth of a child Family Member Illness

Qualifying Exigency Military Caregiver Leave (up to 26 weeks in a 12-month period)

Have you been absent from work (paid or unpaid) for an FMLA eligible leave during the last 12 months? Yes No

EHRA/SHRA STAFF ONLY

Do you wish to use leave to keep you in pay status? Yes No

Do you wish to apply for Shared Leave? Yes No (Employee understands they MUST exhaust all other available leave before using shared leave).

FACULTY (9/10-Month/Non-Leave Earning)

Use of Faculty FMLA is understood to carry a minimum of 60-days of paid time off. More time can be granted but is at the discretion of the employees department and the Provost. I understand that to request a longer duration of paid time off, I must write a letter to my department chair/dean and the Provost requesting additional time.

I plan to: Not work at all during the period requested.

Work a reduced schedule that is medically necessary.

OTHER TEMPORARY STAFF

I understand that if my work hours meet the minimum and have worked for the State for the minimum of one-year, I may be eligible for FMLA. However, I also understand that the time off, if granted, will be without pay.

Hire Date: [Click here to enter text.](#) ***Employee must provide copies of their timesheets for the preceding 12-months to determine eligibility.

This application is only to initiate action for the FMLA request, but must be followed up with medical documentation from the patient’s physician or other supporting documentation as appropriate.

Employee Signature: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Supervisor Signature [Click here to enter text.](#)

Date: [Click here to enter a date.](#)