

**ROLLINS COLLEGE
Request For Leave Form**

I. Employee Information

Employee Name: _____
Home Address: _____ Home Phone: () _____
Work Phone: () _____ Campus Box _____
Supervisor: _____ Department: _____

II. Leave Information

- New Leave
 Extension of Leave

Leave Requested

- Medical (PP# 500.65 & 300.39)
- Childcare (PP# 500.65 & 300.39)
- Adoption (PP# 500.65 & 500.74)
- Serious Health Condition/Parent (PP# 500.65 & 500.71)
- Serious Health Condition/Child (PP# 500.65 & 500.71)
- Serious Health Condition/Spouse (PP# 500.65 & 500.71)
- Jury Duty (PP# 500.30)
- Military (PP# 500.40)
- Bereavement (PP# 500.10)
- Personal (PP# 500.72)

Documentation Required

Physicians Certification
Birth Certificate
Adoption Paper
Physicians Certification
Physicians Certification
Physicians Certification
Jury Notice
Military Orders
Death Certificate may be required
Empl. Statement w/Reasons for Leave

III. Dates of Leave:

From: _____ To: _____ Expected Return Date to Work: _____

- Complete Absence From Work
- Reduced Work Schedule
- Intermittent Leave

If reduced work schedule how many hours will you be able to work: ___ per day, ___ per week

Comments: _____

If absence is for an FMLA qualifying event, I understand that my absence (paid or unpaid) will count toward my 12 weeks of FMLA entitlement.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Please return to the Human Resource Department Campus Box 2718

GENERAL INFORMATION ABOUT FMLA LEAVES

The Family Medical Leave Act (FMLA) allows eligible employees to take up to 12 weeks of unpaid leave in a year of absence for the birth, adoption of a child or placement of a foster child in your care, to care for a seriously ill family member (child, spouse, parent) and for employees own serious health condition. Appropriate Certification is required for any request for leave.

A serious health condition is described as an injury, impairment, or physical or mental condition that involves either 1) inpatient care in a hospital, hospice or residential care facility, or 2) continuing treatment by a health care provider. Five Categories are as follows:

1. A period of incapacity (inability to work, attend school, or perform other regular daily activities due to the serious health condition) of more than three consecutive days.
2. Pregnancy or prenatal care
3. A chronic serious health condition defined as one that:
 - Requires periodic visits for treatment by a health care provider
 - Continues over an extended period of time, and
 - May cause episodic rather than continuing incapacity.
4. A permanent long term condition for which treatment may not be effective.
5. An absence to receive multiple treatments by a health care provider either for restorative surgery after an accident or injury or a condition that would likely result in an incapacity in the absence of medical treatment.

If employees are requesting unpaid leave of absence to take care of a family member, a physician must specify whether the family member requires assistance for basic medical or personal needs, safety, transportation or psychological comfort. It also requires whether the care will be intermittently or on a reduced leave schedule and care that the employee will provide. Appropriate Medical Provider Forms are available in the Human Resource Department.

If both husband and wife work at Rollins the FMLA leave will be shared.

Please refer to Policy 500.70 for details.