



Human Resources
Building 2455, Suite 221
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Tel: (937) 775-2120 Fax: (937) 775-3040

Family and Medical Leave Application

Please complete the following information and return this form to Jamie Henne, 111 Medical Sciences.

Employee's Name (required)

Today's Date (required)

U-ID# (required)

Phone #

Department Name

Supervisor's Name

Who is the Patient? (please check one - required) _____ Employee _____ Family Member

Relationship to employee _____

Leave start date _____ Is this leave (please check one) _____ Continuous _____ Intermittent

Is this leave for maternity _____ Yes _____ No. If yes, what is the due date? _____

Comments: _____

Disclaimer:

- The maximum FMLA leave allowed is 12 weeks in any 12-month period.
- FMLA will run concurrently with all other applicable leave types (e.g. sick leave, worker's comp, parental leave).
- You are eligible to continue your benefits. If your leave is unpaid, you will be responsible for remitting the premiums to Human Resources.
- You have the right, upon return from leave to be returned to your original position or an equivalent position (with equivalent pay, benefits and other terms of employment).
- If you are requesting intermittent leave or a reduced work schedule, and your absences are foreseeable in their nature, you must provide a listing of the schedule being requested.
- You must give notice 30 days in advance for a leave that is foreseeable (e.g., surgery, pregnancy/delivery) and you must give notice within 2 days of the need for leave (or as soon as practicable) when the need for leave is not foreseeable (e.g. an emergency).