

## EMPLOYEE LEAVE REQUEST FORM

You have a right under the Family Medical Leave Act of 1993 for up to twelve weeks of unpaid leave in a 12-month period for the reasons listed below. Please refer to Section 11 in Macalester's Employee Handbook for all leave of absence details/specifics.

Employee's Name \_\_\_\_\_

Macalester ID# \_\_\_\_\_ Date of Request \_\_\_\_\_

### Reason for Leave

- The birth of your child or placement of a child with you for adoption or foster care.
- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your  spouse  child  parent for which you are needed to provide care.

### Length of Leave

Leave Begin Date \_\_\_\_\_ Return to work Date \_\_\_\_\_

OR

Intermittent Leave or Reduced Work Schedule: Begin Date \_\_\_\_\_

Exempt Employees ..... Please submit to Payroll a monthly summary of leave days used and days worked.

Non-exempt Employees ..... Please report leave hours used and hours worked on bi-weekly time card.

### Leave Type

For FMLA, employees must first exhaust accrued medical and accrued vacation before being allowed to take an unpaid leave. I am requesting use of the following during my leave

- College paid parental leave benefits. (You must be the primary care giver of the child during the leave; see section 11 in the *Employee Handbook*.)
- Hours of accrued medical leave.
- Hours of accrued vacation leave.
- Hours of unpaid leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

Please note: If your return date for your requested leave of absence changes, you must notify both Human Resources and Payroll on or before the date of return in order to adjust any accrued medical/vacation/unpaid days.