FMLA REQUEST FORM

Date: Employee ID #:

Employee Name: Department Name:

Supervisor's Name: Supervisor's Email:

Employee Phone Number:

(Please provide the best contact number while out on leave)

Preferred contact email while out on leave:

◯ Personal Email ◉ Business Email

Reason for requested Leave:

New FMLA case for the following reason:

◯ Birth of my child ◯ Placement of child with me for adoption or foster care

◯ My serious health condition

◯ Serious health condition affecting my:

◯ Spouse ◯ Child under 18 ◯ Child over 18 ◯ Parent ◯ In loco parentis

◯ Military Caregiver ◯ Military Exigency

Required for Birth of Child

If Spouse is a UMass employee, provide full name:

Required for Health Condition affecting Military Caregiver OR Military Exigency

Indicate military caregiver or military exigency relationship:

◯ Spouse ◯ Child ◯ Parent ◯ Next of Kin

I request the leave to be:

◯ **Continuous** – absence that is three days or longer in a single occurrence. While on leave, I am not to work at UMass or elsewhere.

Start / anticipated start date: End / anticipated end date**:

◯ **Intermittent** – absence has periodic occurrences with time worked between absences.

Start / anticipated start date: End / anticipated end date**:

***End date must be on or before the end of the calendar year (December 31). A new FMLA request must be completed if additional FMLA is needed for the new calendar year, beyond December 31).*

How do you want to be paid on your leave:

Select all that apply:

- ◯ Paid Time Off (e.g., vacation, sick, personal days)
- ◯ Sick Leave Bank
- ◯ Department of Family and Medical Leave (DFML) to begin - (Secure Income)
- ◯ Unpaid

How would you like to apply your PTO:

Enter the amount of PTO hours, type of PTO, and start/end dates (from mm/dd/yyyy through mm/dd/yyyy**)**

THE SECTION BELOW APPLIES IF YOU ARE SECURING INCOME FROM THE MA DFML

When would you like your UMass PTO payments to begin, if applicable?

Enter the date you would like UMass to begin applying your PTO (e.g., vacation, sick, personal days).

Start Date: Through Date:

When would you like your PFML payments from the DFML Leave to begin?:

(Enter the date you would like payments from the MA DFML to begin. **Note:** mandatory 7-calendar-day waiting period before benefit payments start)

I understand by submitting this request the Employee Accommodations and Absence Support team will first be determining if I am eligible for FMLA-designated leave. I agree that I have read and understand the FMLA and Medical Leave of Absence Guidelines.

Employee Signature:

Submit form to : Upload FMLA Documents or Fax to: (413) 573-8012