



## Alabama Agricultural and Mechanical University Office of Human Resources

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762  
Phone: 256.372.5835 Fax: 256.372.5881

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### Family and Medical Leave Act (FMLA) Employee Leave Request Form

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons, and up to 26 weeks of unpaid, job-protected leave in a single 12-month period to care for a covered family member who was seriously ill or injured during their active military service. Submit this request form to your supervisor and the Office of Human Resources at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as soon as is practicable. In most cases, it should be practicable to provide notice of the need for leave either the same day as the need for leave becomes known, or the next business day. Alabama A&M University reserves the right to delay or deny leave for failure to give appropriate notice when such delay/denial would be permitted under federal or state law. The employee must also submit a Leave Request Form (located on the Human Resources website) prior to departing on leave, or as soon as practicable in the case of unforeseen need for leave.

#### I am requesting leave for the following reason (check one):

\_\_\_\_\_ Employee's own serious health condition that prohibits you from performing the function of your job. Nature of illness or injury: \_\_\_\_\_

\_\_\_\_\_ To care for your child, spouse, or parent who has a serious health condition. Name of individual you are caring for \_\_\_\_\_ Relation \_\_\_\_\_  
If child, please provide date of birth \_\_\_\_\_

\_\_\_\_\_ To care for your child after birth, or for placement after adoption or foster care.  
Expected delivery date is: \_\_\_\_\_  
Scheduled date of adoption or foster care placement: \_\_\_\_\_

\_\_\_\_\_ Military Leave for a qualifying exigency arising out of your spouse, son, daughter, or parent's active duty or notification of an impending call or order to active duty in the armed forces in support of a contingency operation; or to care for your spouse, son, daughter, parent, or next of kin recovering from a serious injury or illness suffered while on active duty in the armed forces. Name of individual you are caring for \_\_\_\_\_  
Relation \_\_\_\_\_

**Type of Leave Requested:**

\_\_\_\_\_ Consecutive      Start date \_\_\_\_\_ End date \_\_\_\_\_ Return to work date \_\_\_\_\_  
\_\_\_\_\_ Intermittent<sup>i</sup>      Start date \_\_\_\_\_ End date \_\_\_\_\_ Return to work date \_\_\_\_\_  
\_\_\_\_\_ Reduced Leave Schedule \_\_\_\_\_

**Have you taken leave under FMLA policy during the past twelve (12) months?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes      From \_\_\_\_\_ to \_\_\_\_\_

**Employee Statement:**

I certify that the statements made above are true and accurate. I understand that I have an obligation to respond to any questions from the Director of Human Resources at Alabama A&M University designed to determine whether my absence is potentially FMLA-qualifying. Furthermore, I understand that if I fail to respond to any reasonable inquiry by the Director of Human Resources regarding this leave request, Alabama A&M University may deny my FMLA leave request if the Director of Human Resources is unable to determine whether the leave is FMLA-qualifying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

***Return this FMLA Employee Leave Request Form in person to:  
Cheryl K. Johnson, Assistant Director, Office of Human Resources  
449 Buchanan Way, Normal Alabama***

***Or mail to:  
Human Resources, Alabama A&M University, Normal, Alabama 35762***

<sup>i</sup> a) *Definition* . FMLA leave may be taken "intermittently or on a reduced leave schedule" under certain circumstances. Intermittent leave is FMLA leave taken in separate blocks of time due to a single qualifying reason. A reduced leave schedule is a leave schedule that reduces an employee's usual number of working hours per workweek, or hours per workday. A reduced leave schedule is a change in the employee's schedule for a period of time, normally from full-time to part-time.

b) *Medical necessity* . For intermittent leave or leave on a reduced leave schedule taken because of one's own serious health condition, to care for a parent, son, or daughter with a serious health condition, or to care for a covered servicemember with a serious injury or illness, there must be a medical need for leave and it must be that such medical need can be best accommodated through an intermittent or reduced leave schedule. The treatment regimen and other information described in the certification of a serious health condition and in the certification of a serious injury or illness, if required by the employer, addresses the medical necessity of intermittent leave or leave on a reduced leave schedule. Leave may be taken intermittently or on a reduced leave schedule when medically necessary for planned and/or unanticipated medical treatment of a serious health condition or of a covered servicemember's serious injury or illness, or for recovery from treatment or recovery from a serious health condition or a covered servicemember's serious injury or illness. It may also be taken to provide care or psychological comfort to a covered family member with a serious health condition or a covered servicemember with a serious injury or illness.

(1) Intermittent leave may be taken for a serious health condition of a parent, son, or daughter, for the employee's own serious health condition, or a serious injury or illness of a covered servicemember which requires treatment by a health care provider periodically, rather than for one continuous period of time, and may include leave of periods from an hour or more to several weeks. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments, or leave taken several days at a time spread over a period of six months, such as for chemotherapy. A pregnant employee may take leave intermittently for prenatal examinations or for her own condition, such as for periods of severe morning sickness. An example of an employee taking leave on a reduced leave schedule is an employee who is recovering from a serious health condition and is not strong enough to work a full-time schedule.

(2) Intermittent or reduced schedule leave may be taken for absences where the employee or family member is incapacitated or unable to perform the essential functions of the position because of a chronic serious health condition or a serious injury or illness of a covered servicemember, even if he or she does not receive treatment by a health care provider.

(c) *Birth or placement* . When leave is taken after the birth of a healthy child or placement of a healthy child for adoption or foster care, an employee may take leave intermittently or on a reduced leave schedule only if the employer agrees. Such a schedule reduction might occur, for example, where an employee, with the employer's agreement, works part-time after the birth of a child, or takes leave in several segments. The employer's agreement is not required, however, for leave during which the mother has a serious health condition in connection with the birth of her child or if the newborn child has a serious health condition.

(d) *Qualifying exigency* . Leave due to a qualifying exigency may be taken on an intermittent or reduced leave schedule basis.