Southwestern University

Request for Family or Medical Leave

Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Name______Date_____ Department______Title_____ Status: Full-Time ☐ Part-Time **□** Temporary Hire Date / / Length of Service I request Family or Medical Leave for one or more of the following reasons: ■ Because of the birth of my child and in order to care for him/her. Expected date of birth___/___/ Actual date of birth___/__/ Leave to start / / Expected return date / / ■ Because of the placement of a child with me for adoption or foster care placement. Leave start___/__/__ Expected return date___/__/___ ■ For a serious health condition that makes me unable to perform my job responsibilities. Please describe:_____ Expected return date___/__/___ Leave to start___/__/__ *A physician's certification may be required for leave due to a serious health condition. ☐ To care for my spouse, child, or parent, who has a serious health condition. Leave to start / / Expected return date___/__/___ ☐ To care for an active member of the Armed Forces Leave to start / / Expected return date / / ■ Requested intermittent leave schedule (if applicable; subject to employer's approval)

Have you taken a family or medical leave in the past 12 months: □ yes □ no If yes, how many work days?
I understand and agree to the following provisions:
 I have worked for my employer at least one year and at least 1250 hours in the previous 12 months. If I fail to return to work after the leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, and if my employer requires it, I will be financially responsible for the medical and life insurance premiums the University paid while I was on leave. This leave will require the use of up to at least 75% of accrued sick leave and vacation leave, balance to be unpaid, or in the case of my own disability, payment may occur under the University's disability insurance plan, if I am so covered. I may be required to exhaust my paid sick, personal or vacation leave as part of my 12 or 16 weeks of leave. After my 12 or 16 weeks of leave, if I do not return to work or contact my supervisor or manager on the date intended, it will be considered that I abandoned my job.
Employee SignatureDate//
LEAVE APPROVAL
For full day leave:
Manager/Supervisor SignatureDate/
Senior Staff SignatureDate/
For intermittent or reduced day leave:
Manager/Supervisor SignatureDate/
President's Cabinet SignatureDate/
Human Resources SignatureDate/
PAYROLL INSTRUCTIONS
□ With pay from/ to/

Without pay from ___/___ to ___/____