

EMPLOYEE REQUEST
Family and Medical Leave Act

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with normal call-in procedures.

Please print

Employee Name: _____ UNM ID: _____

Department: _____

Reason for Requested Leave (certification and/or documentation may be required)

Birth of your child and the care of such newborn child Expected Delivery Date: _____

Placement of a child with you for adoption or foster care Date of Placement: _____

Your own serious health condition (including pregnancy and prenatal care)

A serious health condition affecting your spouse parent or child (*age 18 or under, or a child over age 18 with a disability where the child is unable to perform the activities of daily living without assistance*).

Name: _____

Qualifying exigency (necessity to address personal issues) due to the military active duty status or call to active duty status of a spouse son/daughter parent

You are caring for a spouse son/daughter parent next of kin who is a covered service member with a serious injury or illness obtained in the line of duty.

Type of Leave Requested: Continuous Intermittent Reduced Hours

Anticipated start date: _____ Anticipated return to work: _____

Please describe the intermittent, flexible, or reduced work schedule request in detail and/or describe any workplace accommodations requested. If you meet the work requirements to be eligible for FMLA, you may be required to provide medical or qualifying exigency certification. Forms may be found at <http://www.unm.edu/hr>.

Have you previously taken FMLA leave with UNM? Yes No

I have reviewed this document and verify that the information provided or attached is correct. I have read and understand the FMLA policy. (add link)

Employee Signature: _____ Date: _____

Please submit request to your supervisor.