

**FAMILY AND MEDICAL LEAVE ACT (FMLA) EMPLOYEE REQUEST FORM**

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.

Employee Name: \_\_\_\_\_ UNM ID: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Eligibility:** Date of Hire with UNM: \_\_\_\_\_ Full Time Equivalency (i.e. 1.0 or Full time; .75; .5; .25): \_\_\_\_\_  
 Do you work for more than one DEPT?  YES  NO If yes-where/what position: \_\_\_\_\_

**Employment:** Within the last 7 years, I have worked at least a total of 12 months at UNM<sup>1</sup>:  YES  NO  
 In the past 12 months, I have worked<sup>2</sup> at least 1,250 hours at UNM:  YES  NO  
 (To calculate: FTE x 2,080 hours in a year = generally the number of hours worked- see Footnotes)

Have you previously taken FMLA leave with UNM?  YES  NO If yes-dates of Previous FMLA: \_\_\_\_\_ to \_\_\_\_\_

**Reason for Requested Leave** (certification and/or documentation may be required) **(Check one):**

- 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/Domestic Partner  Parent  Child  
(A 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

Would you like to take the leave:  Concurrently with  \*sick leave  \*annual leave **OR**  Unpaid FMLA?

\*You must have sick and/or annual leave available to take FML concurrently with these types of leave.

**Expected Leave Dates:** Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

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

**Benefits:** While on FMLA, UNM continues to pay the employer portion of health benefits. The employee is responsible for continued payment of the employee portion of the premium. While on continuous UNPAID FMLA, employee has the option to cancel their benefits via MYUNM. Employee has a 31 calendar day window to cancel and re-enroll (for coverage) under an FMLA qualifying event. For employees who cancel their benefits while on FMLA, employee may wait to re-enroll during next open enrollment; however coverage will not be effective until July 1<sup>st</sup>.

**I have reviewed this document and verify that the information provided or attached is correct. I have read and understand the UAP #3440 FML policy.** <http://policy.unm.edu/university-policies/3000/3440.html>

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

**Please submit request to Absence Management via Secure Document Upload at <https://hr.unm.edu/upload> or Fax to 505-277-2278**

<sup>1</sup> Includes all UNM employment such as temporary, on-call, staff, student, faculty, including paid/unpaid leaves

<sup>2</sup> Do not include any paid or unpaid leave (i.e., Holidays, Winter Break, Annual/Sick, prior FMLA leave within last 12 months) since they are not considered work hours.