

**SURA/JEFFERSON LAB
EMPLOYEE REQUEST FOR
FAMILY AND MEDICAL LEAVE**

Employee Name _____ Division _____ Extension _____

Supervisor Name _____ Extension _____

Family and Medical Leave Act (FMLA) Leave (up to 12 weeks of unpaid leave):

- Birth of a son or daughter
- Adoption or placement of foster child
- Care of spouse, son, daughter, or parent for a serious health condition
- Serious health condition of employee

Beginning Leave Date ___/___/___ Estimated Return to Work Date ___/___/___

Continuous _____ Intermittent _____

FMLA leave without use of Short Term Disability

I understand that I must use sick leave for any absence that meets the definition of a FMLA qualifying event. Also, because Jefferson Lab policy requires employees to exhaust all applicable paid leave before going on leave without pay, I must use vacation leave if I do not have enough sick leave to cover my absence.

Employee Signature _____ Date ___/___/___

Supervisor Signature _____ Date ___/___/___

For Medical Services Use Only

- Initial Application
- Amendment Date of Previous Request ___/___/___

Your requested leave has been approved and designated as:

- FMLA (12 weeks Federal Family Leave Act)

Your requested leave has not been approved as it does not meet the requirements under Federal/State Law:

- The medical condition does not meet the definition of a "Serious Health Condition"
- You did not meet the minimum employment time requirement

Return completed form to OH&S (MS 28C or VARC Room 22C)