

### General Medical Leave of Absence Application Form

Employees who have exhausted FMLA or who are ineligible for FMLA may apply for a General Medical Leave of Absence. This leave may be granted with the approval and at the discretion of department/program management. As a result, the employee's job may not be protected and may be filled during the leave.

When the need for a leave of absence is foreseeable, you are required to request the leave at least 30 days in advance. Examples of foreseeable events include planned medical treatment or your child's birth. For unforeseen events, such as accidental injury causing a serious health condition, premature birth or sudden change in your health, you are required to request the leave as soon as it is possible and practical to do so. Medical verification that supports the need for the medical leave is required.

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City Zip Code

Home Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**The reason you are requesting a leave of absence is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: If you experience a family status change during your leave of absence (such as a birth of a child), you must complete a health and dental enrollment/change form within 31 days of the family status change in order to cover the new dependent under your health care plan through the University. If this paperwork is not submitted to your benefits office within 31 days of the family status change, your child will not have coverage after the initial 31 days of the birth.)*

**Have you taken any other type of leave of absence during the past twelve months?**

☐ Yes ☐ No If yes, when was the last such leave? From: \_\_\_\_\_ To: \_\_\_\_\_

**Have you submitted the necessary medical certification with this form?** ☐ Yes ☐ No

**What is your requested leave time?** From \_\_\_\_\_ To \_\_\_\_\_  
(Maximum time which can be requested is 12 weeks.)

**By signing, you affirm that you have been and will be truthful and sincere in your request for a leave of absence.**

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

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#### This section to be completed by Department

- ☐ Approved: Enter approved leave online in the payroll system (HRMS).  
Specify: ☐ Position is on HOLD, pending the employee's return, no later than \_\_\_\_\_ **OR**  
☐ Position is not on Hold, position will be filled
- ☐ Disapproved (Explanation)\* \_\_\_\_\_

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

\*Contact the Human Resources Office.