



**REQUEST FOR A MEDICAL LEAVE THAT IS NOT COVERED UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993**

I hereby request to take a medical leave of absence. I do not qualify for leave under the Federal Family and Medical Leave Act of 1993 for the following reason:

- I have not worked for The College for at least 12 months for a minimum of 1250 hours preceding the FMLA leave.
- I have previously used 12 weeks of approved Family Leave during the past 12 months.

The nature of my leave request is as follows:

- A serious health condition, including maternity leave, that makes me unable to perform the essential functions of my job.

I have forwarded the appropriate medical documentation in support of my medical leave of absence to the Office of Human Resources.

I will need this leave beginning on \_\_\_\_\_. I will return to work on \_\_\_\_\_.

**If the circumstances of my leave change and I am unable to return to work as anticipated, I understand that I am required to notify the Office of Human Resources at least two weeks prior to the date that I intended to return.**

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Supervisor's Approval

Supervisor's Signature: \_\_\_\_\_

If the department will need temporary staffing, [click here to access the Temporary Staffing Request Form.](#)

**Return this form to the Benefits Administrator in the Office of Human Resources as soon as possible.**