



**REQUEST FOR LEAVE COVERED UNDER THE NEW JERSEY FAMILY LEAVE ACT
(NJ FLA)**

I hereby request approval to take a leave of absence. My leave should be covered under the New Jersey Family Leave Act (NJ FLA). The reason for my leave request is as follows:

- A serious health condition affecting your Spouse, Child, or Parent for which I am needed to provide care; or

- To care for a newborn child, or because of the adoption of a child

I will need this leave beginning on _____, and I will return to work on _____.

I have read and understand the attached document Employee Rights and Responsibilities under the NJ FLA.

If the circumstances of your leave change and you are unable to return to work as anticipated, you will be required to notify us two weeks prior to the date you intended to return.

Signature _____

Date: _____

Supervisor's Acknowledgement

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.

The College of New Jersey
Employee Rights and Responsibilities under the NJ FLA

NJ FLA Benefits

An employee has a right under the New Jersey FLA to use up to **12 weeks** of leave in a **24-month** period to care for a newborn; for an adoption of a child; or to care for a seriously ill child, spouse or parent. Your health benefits must be maintained during the period of paid or unpaid leave under the same conditions as if you continued to work. Upon your return from an approved NJ FLA leave you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms of employment.

Health and Dental Insurance Premium Payments during a NJ FLA Leave

The College of New Jersey will continue to pay its share of the group health and dental insurance for the 12 weeks that you are on an approved New Jersey Family leave. Your share of the premium will continue to be deducted from your paycheck while you are using paid leave. If during your FLA leave period, you utilize unpaid leave and no premium can be deducted, you will be responsible for your share of your health and dental premiums.

Leave Beyond the NJ FLA

If your leave extends beyond the NJ FLA leave period of 12 weeks, you **may** be granted an approved leave of absence. At this point, if you are on an unpaid leave, you will have to pay the total cost of the monthly health insurance premium. We will contact you regarding the rates and your health insurance benefits in a separate letter.

Required Documentation

While on leave, you will be required to furnish your supervisor and the office of human resources with periodic reports of your status and intent to return to work. If you are out due to a serious health condition of a family member, your initial leave request should include a doctor's note which contains the following information:

1. The nature of the illness
2. The start date of your leave of absence
3. The estimated length of time needed for the treatment
4. The return to work date

Please be aware that you will be required to submit updated medical documentation during the NJ FLA leave that is taken in order to care for a seriously ill family member.