



**Request for Leave Covered Under the Federal Family and Medical Leave Act  
(FMLA)**

I hereby request to take a leave of absence for circumstances which I feel represent a qualifying event under the Federal Family and Medical Leave Act of 1993, Amended on January 18, 2008. 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; or
- A serious health condition affecting my Spouse, Child, or Parent for which I am needed to provide care; or
- To care for my newborn child; or because of the adoption of a child; or
- Due to a qualifying exigency arising out of a covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan; or
- To care for a covered family member who has incurred an injury or illness in the line of duty while on active duty.

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 FMLA.

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

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
*(Print)*

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

Telephone Number: \_\_\_\_\_

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**Supervisor's Acknowledgement**

Supervisor Name: \_\_\_\_\_  
*(Print)*

Supervisor 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 FMLA**

#### **FMLA Benefits**

Under the FMLA, eligible employees may use up to **12 weeks** of leave in a **12-month** period for the birth or adoption of a child; to care for a seriously ill child, spouse or parent; for the employee's own serious illness, or due to qualifying exigency arising out of a covered family member's active duty or call to active duty in the Armed Forces.

Eligible employees may use up to **26 weeks** of leave in a single **12-month** period to care for a covered family member who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that such injury has rendered the family member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Further, during the period of paid or unpaid leave, health benefits must be maintained under the same conditions as if paid employment were continued. Upon an employee's return from an approved FMLA leave, they 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 an FMLA Leave**

The College of New Jersey will continue to pay the employer share of the group health and dental insurance premiums for the time period that you are on an approved Federal Family and Medical leave. Your share of the premium will continue to be deducted from your paycheck while you are on paid leave. If during your FMLA 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 FMLA**

If your leave extends beyond the FMLA leave period, you **may** be granted an approved leave of absence. At this point, if you are on an unpaid leave, you may 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.

If you are using leave under the Federal Family and Medical Act for a serious illness, such as giving birth to a new baby, you can then use leave under the New Jersey Family Leave Act to care for your newborn. If appropriate, also complete the Request for New Jersey Family Leave form.

## **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 for yourself or 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 FMLA leave that is taken for medical reasons.

If you are out of work because of Service Member FMLA, you will be required to submit documentation that supports your request for the leave.