



Request for Family and Medical Leave (FMLA)

Eligibility requirements are (1) at least 12 months cumulative service and worked at least 1,250 hours at the University during the 12-month period preceding the date the proposed FMLA leave is to begin; and (2) a qualifying reason for taking an FMLA leave; and (3) a remaining balance of FMLA leave satisfactory to cover the leave dates in the request. In order to determine whether the leave is covered under the FMLA, the employer may request that the leave be supported by certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. Further information on FMLA leave is available at: <https://cfo.asu.edu/leaves-of-absence>

Employee Name: _____ ASU ID: _____ Date: _____

Dept. Name: _____ Dept #: _____ Supervisor Name: _____

State of Residence: _____ State of Employment: _____

I believe I meet the Family and Medical Leave Act (FMLA) eligibility requirements, and I am therefore requesting an FMLA leave.

I am requesting leave beginning on: _____ (mm/dd/yyyy) and anticipated end date: _____ (mm/dd/yyyy)

My last day worked was/will be: _____ (mm/dd/yyyy)

I am requesting my leave: Continuous Intermittent Reduced Work Schedule (faculty and academic professionals requires Provost approval and a letter of agreement signed by the vice provost and unit/college administrator.)

I am requesting an FMLA leave for the following reason:

Employee Serious Health Medical Leave

Family Member Leave (select one):

Name of Family Member: _____ Relationship: _____

Parental (select one):

Anticipated date of birth: _____ (mm/dd/yyyy)

Placement date of Adoption/Foster Care/Bonding (Within one year): _____ (mm/dd/yyyy)

ASU Paid Parental Leave Benefits - Answer all questions below:

Are you requesting ASU Parental Leave benefits? Yes No

Begin Date: _____ (mm/dd/yyyy) End Date: _____ (mm/dd/yyyy)

Check the box that applies to you: Mother Father Other _____

Is another ASU employee also requesting leave for this same event? Yes No

If yes, Employee's Name and ID Number: _____

The requirement for 1.) at least 12 months cumulative service and 2.) worked at least 1,250 hours at the University during the 12-month period is waived for academic personnel who take parental leave.



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If you have indicated it will be necessary for your leave to be on an intermittent or reduced work schedule basis, please list the proposed schedule of leave dates and durations, or if leave is not scheduled, describe your anticipated need for leave (estimate the probable number of and the interval between treatments or periods of incapacity).

FMLA leave runs concurrently with the use of the eligible employee's accrued paid time benefits, as applicable, (i.e., sick time, vacation time, paid parental leave, and, for non-exempt employees, compensatory time), approved use of compassionate transfer of leave, and during the receipt of any disability/insurance plan payments (i.e., short-term disability, long-term disability, or worker's compensation). A period of FMLA leave will be unpaid if the employee is not eligible for accrued paid time or exhausts his or her balance of accrued paid time.

An eligible employee's use of approved FMLA leave will be recorded on the employee's official time records and counted toward the employee's basic leave entitlement or military family leave entitlement until the available leave entitlement is exhausted. Use of FMLA leave may be tentatively entered into the eligible employee's official time record while awaiting sufficient information or certification to confirm an FMLA-qualifying reason exists.

I understand that If I do not return from my leave of absence at the expiration of this leave unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of [SPP 1011](#) or [ACD 707](#).

Employee Signature

Date

Academic Personnel

Hire Date: _____
(mm/dd/yyyy)

Rank: _____

Dates of previous Leaves of Absence Granted: _____
(mm/dd/yyyy – mm/dd/yyyy)

Compensation during leave: _____

Explain compensation option: _____

I understand that this will not count toward my years of service.
Leave of Absence does not count toward years of service for sabbatical leave
To request an extension of the probationary period, [see the process guide](#).

Requesting approval to count towards years of service.
FMLA Leave and Parental Leave always count toward years of service.

Employee Signature

Date