

**EMPLOYEE APPLICATION FOR FAMILY LEAVE**

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Employee: \_\_\_\_\_ Smith ID Number: \_\_\_\_\_

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

Hire Date: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please complete the applicable section below and forward this application to your department head. You may apply for an unpaid leave of absence, an alternate work schedule, or a combination of both, provided that the total family leave arrangements under this policy do not exceed **12 weeks** in any **52-week** period.

**LEAVE OF ABSENCE**

I am eligible for a leave of absence under the Smith Family Leave Plan. I have read both the Smith Family Leave plan and the FMLA information. I have attached medical certification indicating specific details. I understand that all eligible accrued time will be applied until exhausted unless I elect to take all or part of the leave as unpaid. Once my eligible accrued time is exhausted or if I have no applicable accrued time, I understand the leave will be unpaid.

Begin Date: \_\_\_\_\_ Return to Work: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Please use all my applicable accrued time       Do not use my accrued time, I will be unpaid

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified. I also agree to notify the College of any change in circumstance that would affect this leave.

<b>Employee Signature:</b> _____	<b>Date:</b> _____
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**FLEXIBLE WORK SCHEDULE**

I am requesting an adjustment to my regular work schedule under the provisions of the Family Leave Plan.

**Current Work Schedule:**

Hours per Week: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Daily Schedule: \_\_\_\_\_

**Requested Schedule Change:** Beginning: \_\_\_\_\_ Return to work: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Daily Schedule: \_\_\_\_\_

Reason for Schedule Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**DEPARTMENT HEAD**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approve     Approve with Changes     Request Denied

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**HUMAN RESOURCES**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**