

EMPLOYEE APPLICATION FOR FAMILY LEAVE

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.

| |
|---------------------------------------|
| Employee Signature: _____ Date: _____ |
|---------------------------------------|

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

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.