

**EMPLOYEE APPLICATION FOR FMLA LEAVE**

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

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

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

**Current Work Schedule:**

Hours per Week: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Weeks per Year: \_\_\_\_\_

**Total Hours Worked (12 months previous to leave):** \_\_\_\_\_

If you are otherwise ineligible for paid leave or unpaid leave under other Smith College leave plans, or have exhausted applicable leaves, FMLA may be apply.

In accordance with the United States Family and Medical Leave Act of 1993 (FMLA) the College provides eligible employees with up to 12 weeks of family and medical leave (as defined by FMLA 1993) during any 12 month period.

**Employees must meet two lengths of service requirements to be FMLA eligible:**

1. You must have worked for the college for **at least 12 months** (52 weeks).
2. You must have worked **at least 1250 hours** during the 12 month period immediately before the date the leave would begin.

The purpose of the United States FMLA of 1993 is to insure that you will be able to return to the same job or a job with equivalent status, pay, benefits and other employment terms. **FMLA leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in FMLA and Smith College policy.** FMLA leave runs concurrently with other College-sponsored leave plans. You must read the Smith FMLA policy, Chapter V Section 517 of the Staff Handbook, before submitting this form.

*Please indicate the reason for your FMLA Leave (Medical certification may be required)*

- Birth of a child and to care for that child
- Placement in your home of a child for adoption or foster care
- Care of a spouse, child, or parent with a serious health condition
- Your own serious health condition

Note: If you have accrued paid leave, you are required to use up all applicable paid leave first and take the remainder of the 12 weeks as unpaid leave.

I am requesting a FMLA leave of absence under the provisions of FMLA as described in Chapter V, Section 517 of the Smith College Staff Handbook. ***I understand that if I elect not to return to work at the agreed upon date, I agree to reimburse the college the entire amount it contributed to my health insurance premiums during the leave.***

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

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

|                                                     |
|-----------------------------------------------------|
| <b>Employee Signature:</b> _____ <b>Date:</b> _____ |
|-----------------------------------------------------|

**SUPERVISOR/MANAGER**

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

Approve     Request Denied

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

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

**DEPARTMENT HEAD**

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

Approve     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.