

University of Louisville
Faculty Request for Family and Medical Leave

Statement of Purpose

This form is to be used by all eligible faculty members to request leave of absence under the University of Louisville Family and Medical Leave policy. If medical certification is required, please complete a Certification of Health Care Provider form, UPS-226B, and submit it to the Office of the Provost, Grawemeyer Hall, University of Louisville.

When completed, you should forward this to the department chairperson for approval.

Request for Leave:

Name: _____

Department: _____

Date Leave is to Start: _____

Anticipated Date of Return to Work: _____

For Department's Use Only:

Amount of FMLA leave used by the faculty member within the last 12-month period:

Requesting Leave to Count Toward Tenure (For probationary faculty only): Yes ____ No ____

Reason for Leave Request:

____ Birth or first year care of a child

____ Placement of child for adoption or foster care

____ Your serious health condition

____ Care of a spouse, child or parent with a serious health condition

If leave is to care for a family member, please mark the relationship of that person to you:

____ Spouse (husband/wife by law)

____ Child (someone for whom you have primary care)

____ Parent (not parent-in-law)

Note:

The University will provide up to 12 weeks of unpaid leave of absence in a 12-month period under this policy.

A request for leave due to the serious health condition of the faculty member or the faculty member's spouse, child, or parent shall be supported by written medical certification issued by the appropriate health care provider.

Faculty on leave due to personal medical reasons shall provide written evidence of fitness to return to their duties before returning to work.

Failure to return to work on the anticipated date of return to work will be considered a resignation unless written authorization of an extension is obtained.

Request:

Faculty Member

Date

Approval:

Chairperson

Date

Dean

Date

Provost

Date

