

Instructions for Section I

Human Resources is responsible for handling requests for Family Medical Leave under [PER 4.17](#) and the [Federal Family and Medical Leave Act of 1993 \(FMLA\)](#). Please fully answer each item in Section I, then have your supervisor and department head sign the acknowledgment portion. Forward completed forms and attachments to Human Resources, 215 Central Ave., suite 205 Louisville, Kentucky 40208, fax to (502) 852-2019, or e-mail to leaveadm@louisville.edu.

FMLA permits an employer to require that you submit a timely, complete and sufficient medical certification to support a request for family medical leave due to a family member's serious health condition. Failure to provide a complete and sufficient medical certification will result in a denial of your request. **Requests for information must be fulfilled within fifteen (15) calendar days.**

Section I: For Completion by Employee

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home/Mobile Phone: _____

UofL ID#: _____ Department: _____

Name of Department Timekeeper/UBM: _____

I am requesting a Family Medical Leave of Absence due to the birth, adoption or placement of a child within one year from the birth, adoption or placement:

Yes No

If yes, specify whether your leave request is related to birth, placement for adoption, or placement for foster care and specify the date of the birth/ placement:

I have read and understand the *Request Guidance* document which includes information of my rights and responsibilities:

Yes No

DEPARTMENT ACKNOWLEDGEMENT

I acknowledge that this employee has notified me that they are seeking approval of FML with Human Resources.

Supervisor Name and Signature: _____ Date: _____

Dept. Head Name and Signature: _____ Date: _____

A complete and sufficient certification to support a request for FMLA leave due to a birth, placement for adoption or placement for foster care includes written documentation (ex: birth certificate, placement confirmation, etc.) confirming the birth or placement. Please check one of the following:

I have attached written documentation confirming the birth, placement, or adoption or foster care of a child.

I have previously provided my employer with sufficient written documentation confirming the birth, placement, or adoption of a child.

I will provide my employer with written documentation confirming the birth, placement, or adoption of a child.

Amount of Leave Needed

Approximate date leave commenced: _____

Probable duration of exigency: _____

Will you need to be absent from work for a single continuous period of time due to the birth or placement?

Yes No

If yes, estimate the beginning and ending dates for the period of absence:

Will you need to be absent from work periodically due to the birth or placement?

Yes No

If yes, estimate the schedule of leave, including the dates of any scheduled appointments:

Estimate the frequency and duration of each appointment or leave event, including any travel time:

Frequency: _____ time(s) per _____ week(s) _____ month(s)

Duration: _____ hour(s) or _____ day(s) per event

EMPLOYEE AUTHORIZATION

I give UofL permission to explore necessary information from my department and/or health care provider in order to process this request, and acknowledge that such communication is job-related and consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements.

Print Name of Employee: _____

Signature of Employee: _____ Date: _____

For University Use Only: Date Form Received: _____ Signature: _____