
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, 1980 Arthur Street, Louisville, Kentucky 40208-2770, e-mail to leaveadm@louisville.edu or fax to (502) 852-2019.

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 a qualifying exigency arising out of the fact that my spouse, child, or parent is a covered military member on "covered active duty":

Yes No

Name of Family Member: _____ Relationship: _____

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 qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

A copy of the covered military member's active duty orders is attached.

Other documentation from the military certifying that the covered military member is on active duty (or has been notified or an impending call to active duty) in support of a contingency operation is attached.

I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty in support of a contingency operation.

Qualifying Reason for Leave

Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal and financial affairs. Available written documentation supporting this request for leave is attached:

Yes No None Available

Amount of Leave Needed

Approximate date exigency commenced: _____

Probable duration of exigency: _____

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes No

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

Will you need to be absent from work periodically to address this qualifying exigency?

Yes No

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

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

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

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

Third Party Information

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity. This information may be used to verify that the information contained on the form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Describe the nature of the meeting: _____

EMPLOYEE AUTHORIZATION

I give UofL permission to explore necessary information from my department and/or a third party 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: _____