

Request for Personal Leave

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact hrcompbenefits@tamu.edu or (979) 862-1718.

INSTRUCTIONS This form is used by employees to request personal leave and must be signed by the employee, the employee's manager, and/or any other authority required by policy for the leave taken. The manager/supervisor should file the form in the appropriate file or pass this form to the next level of management if the type of leave requires more than one approval.

Employee Name		Date	
Title		UIN	
Department			
Dates of Leave		Time of Leave	
<input type="checkbox"/> Compensatory Time _____hours <input type="checkbox"/> Annual Leave _____hours <input type="checkbox"/> Sick Leave _____hours <input type="checkbox"/> Jury Duty _____hours <input type="checkbox"/> Emergency Leave _____hours <input type="checkbox"/> Leave Without Pay _____hours <input type="checkbox"/> Military Leave _____hours <input type="checkbox"/> Other, specify below _____hours		<input type="checkbox"/> Vacation/Personal <input type="checkbox"/> Doctor's Appointment <input type="checkbox"/> Birth, adoption, placement of foster child <input type="checkbox"/> Spouse, child or parent illness/injury <input type="checkbox"/> Medical certification not required <input type="checkbox"/> Medical certification on file with medical records <input type="checkbox"/> Employee illness or injury <input type="checkbox"/> Jury Duty <input type="checkbox"/> Other, specify below	
Comments			

Notice to Employees: This leave will or will not be counted as a part of your Family Leave entitlement for the current fiscal year. If you do not provide **appropriate FMLA medical certification** for your absence or do not provide status updates as required, your leave will be charged to any vacation you have earned or leave without pay. The leave will not be protected by the Family and Medical Leave Act, and you will not receive the State benefit contribution while on unpaid leave.

Employee Signature

Date

Approval Recommended

Date

Approved

Date

SUBMIT FORM TO: Employee: submit form to your manager or supervisor Manager/Supervisor: submit completed form to next level of authority if additional approval is required	NEED HELP? Benefits Services Phone (979) 862-1718 hrcompbenefits@tamu.edu
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Office Use Only

____ Hours FMLA leave	____ Hours parental leave	____ Hours non-FMLA leave
____ Total hours of leave taken		

Notice of Family and Medical Leave Usage and Obligations

If you have at least 12 months of state service and have worked for the state at least 1,250 hours in the past 12 months, you are entitled to 12 weeks of Family and Medical Leave (FMLA) during the fiscal year. Under FMLA, if the leave you have requested (whether sick leave, annual leave, or other paid or unpaid leave) is due to one of the following reasons, this leave will count toward your entitlement for Family and Medical Leave during this fiscal year:

- Birth of a child *
- Placement in your home of a child for adoption or state-certified foster care *
- Your serious health condition (illness, injury or pregnancy),
- To care for your spouse, child or parent who has a serious health condition, or
- To care for a covered member of the armed forces, or to be absent from work due to a covered member's being called to active duty.

If you are applying for leave for one of these reasons, you must use all available paid leave before taking unpaid leave. However, you may only use paid sick leave for situations that are normally eligible for sick leave.

In addition to medical certification required for sick leave and/or sick leave pool, you must provide medical certification within 15 calendar days of the date of this form to your employing department if you are taking leave due to your own serious health condition or the serious health condition of your spouse, child or parent. Medical certification forms are available from your Employee Services office.

While you are on paid leave, your benefit coverages will continue and any premiums you normally pay for coverage will be deducted from your pay. If you take unpaid leave for one of the reasons stated above, the state will continue to pay its contribution toward your Health coverage. However, you must continue to pay your share of premiums or some of your benefit coverages may end. Only those benefits **fully** paid for by the state contribution will continue if you do not pay your share of benefit premiums. You will receive a bill for these benefits each month while you are on leave. You must pay the premiums within 30 days of the due date shown on the bill.

If your leave is due to your serious health condition, you must present a fitness-for-duty certificate from your doctor before you can return to work.

If you take a leave for one of the reasons stated above, you will be reinstated to your job or similar job when you return from leave, unless you would not otherwise have been employed at that time.

You will be expected to check in with your supervisor periodically while on leave to inform him/her of your status and expected date of return. You may be asked to provide a recertification of your (or a family member's) medical situation each 30 days while you are on leave due to a serious health condition.

*If you do not qualify for FMLA and you are taking leave due to the birth of a child or adoption of a child younger than 3 years, you may take up to 12 weeks of parental leave.

Provision	FMLA	Parental
Eligibility	12 months service and 1,250 hours in last 12 months	Less than 12 months services and less than 1,250 hours in the last 12 months, will NOT be eligible for FMLA
Paid Leave	Must first use eligible paid leave	Must first use eligible paid leave
State Contribution	Receive during unpaid leave	Do not receive during unpaid leave for benefits
Timing	Any time during 12 months after birth or adoption or for a serious health condition	Must begin on day of birth or adoption

Contact Benefits Services at (979) 862-1718 if you have questions about FMLA.