

## East Carolina University Family Illness Leave Application

<b>Part I: TO BE COMPLETED BY EMPLOYEE</b>	
<p><b>1a.</b> Name _____</p> <p><b>1b.</b> Banner ID _____</p> <p><b>1c.</b> Home Phone _____</p>	<p><b>2a.</b> Dept. _____</p> <p><b>2b.</b> Supervisor _____</p> <p><b>2c.</b> Supervisor's Campus Phone _____</p>
<p><b>3. Reason for Requested Family Illness Leave</b> (Please have patient's physician complete the Medical Certification Form and return to the Benefits Office.)</p> <p>Care for the serious health condition of my:</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Parent</p>	
<p><b>4. Duration/Type of Leave</b></p> <p>4a. Date Leave Begins _____</p> <p><input type="checkbox"/> This leave will be taken on a full-time basis</p> <p><input type="checkbox"/> This leave will be taken intermittently or on a Reduced schedule</p> <p><i>(If this box is checked, the applicant must provide the supervisor with a schedule, which must be approved by the supervisor)</i></p>	<p>4b. Anticipated Date of Return _____</p> <p>4c. Revised Date of Return _____</p>
<p><b>5. Terms of Leave</b></p> <p>I understand that the designation of this leave as Family Illness Leave may be delayed until the appropriate medical certification is received by East Carolina University Benefits Office.</p> <p>If I have any sick or annual leave, I will complete the necessary leave forms designating which type of paid leave I wish to use to cover this period.</p> <p>I agree that while I am on leave, I will continue to pay my share of the health insurance premiums, if applicable, unless I elect to discontinue coverage. If I am unable to return to work because of my family member's serious health condition, I will provide medical certification from the appropriate health care provider stating that I needed to care for my spouse, child or parent because he/she had a serious health condition on the date that my leave expired. I also agree that I won't commence work for another employer while on leave.</p> <p>Finally, I understand that if I do not return to work on the date indicated above (or another date as specified by me and agreed to by the University), my employment may be terminated by the University as of the date my leave expired.</p>	
<p><b>Signed:</b> _____</p> <p><b>Date:</b> _____</p>	

