

## Family and Medical Leave Request Form

Family and Medical Leave Act (FMLA)

Department for People Operations, Success, and Opportunity

210 East 1<sup>st</sup> Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Email: [Leave@ecu.edu](mailto:Leave@ecu.edu) | Fax: 252-328-9917

I. EMPLOYEE DATA				
Employee Name:			Banner ID:	
Division:			Department:	
Supervisor:			Kronos Super Admin:	
Home Address:			Personal Phone:	
			Email Address:	
			*Approval is sent by email	
Appointment Information:	SHRA	CSS	EHRA Non-Faculty	
	Permanent	Time-Limited	Temporary	
	Full-time	Part-time – Hrs./Wk:		
II. QUALIFYING LEAVE REQUEST REASON				
Adoption – for the placement of a child for adoption				
Birth – for the birth of a child and to care for the newborn child after birth (applies to both parents)				
Foster Placement – for the placement of a child for foster care				
Illness of Self – for your own illness that prevents you from performing one or more essential functions of your position				
Illness of Child (under age 18), Child (age 18 or older and incapable of self-care because of a mental or physical disability), Spouse, Parent				
Military Caregiver – because you are the spouse, son, daughter, parent, or next kin of a covered servicemember with a serious injury or illness				
Qualifying Exigency – because of a qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is on covered active duty or call to covered active duty status with the Armed Forces				
III. REQUESTED LEAVE SCHEDULE				
Requested Start Date:		Continuous Leave	Note: When FMLA leave is taken after childbirth or for adoption/foster care, you <i>may</i> take leave intermittently or on a reduced schedule only if your supervisor/department head agrees.	
Requested End Date:		Part-Time/Reduced Schedule		
Anticipated Return Date:		Intermittent (Sporadic) Leave		
IV. EMPLOYEE CERTIFICATION AND SIGNATURE				
I acknowledge that the information provided above is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.				
Employee's Signature:			Date:	
V. SUPERVISOR ACKNOWLEDGEMENT				
Supervisor's Signature:			Date:	
Submit your completed request form to <a href="mailto:leave@ecu.edu">leave@ecu.edu</a> for processing.				
VI. FOR BENEFITS OFFICE USE ONLY				
Date of Hire:			12-Month Service Requirement	Pay Status Requirement
FMLA Leave:	Approved	Denied		
Benefits Comments:				
Signature (Benefits Rep):			Review Date:	