

ECU Department of Human Resources-Benefits

210 East 1st Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Email: Leave@ecu.edu | Fax: 252-328-9918

I. EMPLOYEE DATA			
Employee Name:			Banner ID:
Division:			Department:
Supervisor:			Kronos Super Admin:
Home Address:			Personal Phone:
			Email Address: <small>*Approval is sent by email</small>
Appointment Information:	SHRA	CSS	EHRA Non-Faculty
	Permanent	Time-Limited	Temporary
	Full-time	Part-time – Hrs./Wk:	
II. QUALIFYING LEAVE REQUEST REASON			
<i>Adoption – for the placement of a child for adoption</i>			
<i>Birth – for the birth of a child and to care for the newborn child after birth (applies to both parents)</i>			
<i>Foster Placement – for the placement of a child for foster care</i>			
<i>Illness of Self – for your own illness that prevents you from performing one or more essential functions of your position</i>			
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			
<i>Military Caregiver – because you are the spouse, son, daughter, parent, or next kin of a covered servicemember with a serious injury or illness</i>			
<i>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</i>			
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 the HR Benefits Office for processing.			
VI. FOR HR OFFICE USE ONLY			
Date of Hire:			12-Month Service Requirement
			Pay Status Requirement
FMLA Leave:	Approved	Denied	
HR Comments:			
Signature (HR Rep):			Review Date: