University of New Hampshire

REQUEST FOR LEAVE OF ABSENCE

Information on this form is confidential and private

Employee Instructions: It is your responsibility to ensure this form is submitted 30 days in advance of your expected leave date. Complete your portion of this form, then meet with your direct supervisor/chair for them to complete their portion of this form. Provide a copy of your leave record with this form if applicable. The additional required forms to support this request, must be faxed to HR Benefits at 603-862-5159, within 15 days from submitting this request. They are located at www.unh.edu/hr/leave-of-absence

First Name: ______________________ Last Name: ______________________

Employee ID# ______________ Department ______________ Job Title ______________

Leave Request – Please check all that apply	Instructions
☐ Medical leave (other meanings include maternity/parental/disability) Is medical leave due to the birth of your child ☐ Yes ☐ No	Submit Health Certification "Form A" to HR Benefits
☐ Medical Leave due to a work related injury (Workers' Compensation)	Confirm that your WC medical form is on file with HR
☐ Family Leave (other meanings include paternity/parental) for my ☐ spouse ☐ child ☐ parent who has a health condition OR for ☐ bonding with your child within first 12 months of birth/adoption	Submit Health Certification "Form B" to HR Benefits
☐ Military Family Caregiver Leave for my ☐ spouse ☐ child ☐ parent ☐ next of kin who is a covered service member or veteran with a health condition	Submit Health Certification "Form C" to HR Benefits
☐ Military Exigency Leave for my ☐ spouse ☐ child ☐ parent	Submit Certification "Form D" to HR Benefits
☐ Personal Leave (if none of the above apply)	Contact your HR Partner
☐ Military Leave for self	Contact your HR Partner

Expected Dates of Leave: **Expected dates must be entered and it is understood that these dates could change.**

I request a consecutive leave beginning ______/______/______ and I expected to return ______/______/______

I request an intermittent leave beginning ______/______/______ and I expected it to end ______/______/______

If applicable and available: You may retain up to 10 vacation or earned time days. If boxes are unchecked it will be assumed that you do not wish to retain any days. Do you wish to retain any days? ☐ Yes ☐ No If yes, how many days _______

Employee Acknowledgement: I understand that this form is a request for a leave of absence and not an approval. I will receive notice from the HR Department regarding the approval of this request including any rights I may have under the federal Family & Medical Leave Act (FMLA). I understand that if I do not provide the required documentation to support this request in a timely manner it may result in loss of some or all of my leave benefits.

Employee Signature ______________________________ Date: ______/______/______

Supervisor/Chair Instructions: Complete the bottom part of this form entirely. Include a copy of the employee's current leave record with this form (if applicable). Be sure the employee understands where they can locate the additional forms needed and instruct them to submit them within 15 days from the date that you receive this form. Once this form is completed, with appropriate signatures, you need to provide a copy to the employee & email a copy to your BSC Director & to HR Benefits at hr.benefits@unh.edu

Date that you received this form ______/______/______

Date additional forms are due to HR Benefits -15 days from the date that you received this form ______/______/______

Supervisor/Chair Acknowledgement: By signing below you are acknowledging receipt of this request. The HR Benefits Department will notify the employee of approval and provide information of any benefits available under the federal Family and Medical Leave Act (FMLA). You will be copied with all correspondence.

Supervisor/Chair Name ______________________________

Supervisor/Chair Signature ______________________________ Date ______/______/______

For faculty employees, Dean signature required as an acknowledgement to request

Faculty Only – Dean's Signature

Dean Name ______________________________

Dean Signature ______________________________ Date ______/______/______