

**Application For Family Leave  
under State Family Leave Law**

*(To be attached to Form G-1) Substitution of accrued paid leave (i.e., vacation and/or sick leave) may be used for any part of the four weeks of unpaid family leave. However, if the request for family leave is to care for an employee's child, spouse, parent, or reciprocal beneficiary with a serious health condition, only the accrued and available sick leave that is in excess of the State's Temporary Disability Benefits Plan of fifteen (15) days is available for family leave purposes.*

1. Employee's Name	2. BU Code
3. Department	4. Division/Branch
5. Date Leave Commenced (M/DD/YY)	6. Date of Planned Return (M/DD/YY)

**7. Specify the reason for FMLA leave:**

- Birth of the employee's child.
- Placement of a child with the employee for adoption or foster care.
- Care for an employee's child, spouse, parent, or reciprocal beneficiary with a serious health condition.

a. Specify relationship Click

- b. The serious health condition must be acute, traumatic, or life-threatening illness, injury, or impairment and which involves treatment or supervision by a health care provider. List the name of the health care provider and submit the "Certificate of Physician or Practitioner."

(If not known at this time, indicate "not known" and name of health care provider must be submitted as soon as it is known.)

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I certify that the above information is true and accurate.

I understand that I may elect to use my accrued paid leave (vacation and/or sick leave) for the period of my family leave up to a total of four (4) weeks. However, if I elect to use my sick leave to care for my child, spouse, parent, or reciprocal beneficiary with a serious health condition, I understand that I must keep a sick leave balance of fifteen (15) days for purposes of the Temporary Disability Benefits plan. I understand that a failure to return to work at the end of my State family leave period will be treated as any other failure to return to duty at the expiration of my leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date