

Application For Family Leave
under Federal Family & Medical Leave Act of 1993 (FMLA)

(To be attached to Form G-1) *Substitution of accrued paid leave may be used for the period of unpaid FMLA. However, the substitution of sick leave will only be allowed for the employee's own illness.*

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, or parent with a serious health condition.

Specify relationship [Click Here](#)

- Serious health condition that renders the employee incapable of performing the functions of his or her job.
(FMLA's definition of serious health condition not as restrictive as State Family Leave Law)

8. If FMLA leave is being taken for serious health condition of your spouse, child, parent, or yourself submit the "Certificate of Physician or Practitioner" within twenty calendar days from date of leave notification.

I certify that the above information is true and accurate.

I understand that I may use my accrued paid leave for the period of FMLA. However, sick leave substitution will only be allowed for my own illness. I understand that a failure to return to work at the end of my FMLA leave period will be treated as any other failure to return to duty at the expiration of my leave.

Employee Signature

Date