

Human Resources
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565
Phone: (239)590-1400
Fax: (239)590-1431



FACULTY FMLA/PARENTAL LEAVE REQUEST AND NOTICE FORM

PLEASE FAX COMPLETED FORM TO HUMAN RESOURCES FOR APPROVAL AND PROCESSING

FAMILY AND MEDICAL LEAVE GUIDELINES

I understand that to be eligible for leave under the Family and Medical Leave Act, I must have been employed with FGCU for a cumulative total of **12 months** AND have physically worked a minimum of **1,250 hours** during the 12 months immediately preceding the beginning of the requested leave. If I do not meet eligibility, I understand that my request under FMLA will be denied. If my request for FMLA leave is approved, I understand that this period of leave will count toward the number of workweeks that I am entitled to under the Act. I understand that the 12 month period is a rolling 12 month period measured backward from the first date I use any FMLA leave. I also understand that under the rolling 12 month period, each time I take FMLA leave, the remaining entitlement is the balance of my unused workweeks. I understand that FMLA requests must be renewed or extended if the request and approved FMLA period has elapsed.

PARENTAL LEAVE GUIDELINES

I understand that under the provisions of Parental Leave (Article 17.7), I may be granted a parental leave not to exceed six (6) months when I become the biological or adoptive parent of a child. I understand that Parental Leave may not begin more than two weeks prior to the expected date of the child's arrival. Parental leave is unpaid leave unless other paid leave benefits are accessed. **I understand that Parental Leave may run concurrent with Family and Medical Leave entitlements.** I also understand that this request is to be completed at least one semester prior to the date that the leave is expected to begin, as practicable.

CERTIFICATION

I understand that the Family and Medical Leave/Parental Leave Health Care Certification or the Injured Service Member Health Care Provider Certification form is required at the time of my request for leave due to the serious health conditions of me or my child, spouse, or parent. In the case of placement of a child through adoption or foster care, I understand that appropriate documentation from the agency or jurisdiction placing the child is required. In order to take service-member family leave, I understand documentation from the appropriate branch of the Armed Forces is required referencing need for support of the contingency operation.

Employee Name (printed)

University ID#

Department

Employee Signature

Date

Department Chair Signature

Date

College Dean Signature

Date

CONTACT INFORMATION

Phone Number: _____

Mailing Address: _____

Email Address: _____

Select your preferred method of contact:

- Phone Mailing Address Email

EXPECTED LEAVE DATES

Request is for: *(Check all that apply)*

- FMLA Parental Leave Qualifying Exigency Injured Service Member Leave

Continuous Leave Begin Date _____ End Date _____

Intermittent Leave Begin Date _____ End Date _____

Reduced Work Schedule Begin Date _____ End Date _____

REASON FOR LEAVE

The requested leave of absence is due to the following FMLA qualifying event:

- Serious health condition of the employee
- Birth of a child or to care for a newborn child during the 12 months following birth
- Adoption or foster care placement of a child
- The employee will care for a (spouse/parent/child) who has a serious health condition
- The employee needs to take leave for a qualifying exigency due to a service-member (spouse/parent/child) being called to active duty
- The employee will care for a (spouse/parent/child/next of kin) injured while on active duty: If next of kin, specify relationship to employee _____

INSURANCE

While on FMLA/Parental Leave, FGCU continues to pay the employer portion of health benefits. The employee is responsible for continued payment of the employee portion of the premium. If the employee is receiving paid time, premiums will continue to be deducted from the paychecks. If on an unpaid leave, the employee must contact the Benefits Department in Human Resources at (239)590-1410.

FITNESS FOR DUTY STATEMENTS

A Fitness for Duty certification will be required to affirm the employee’s ability to return to work and perform one of more of the essential functions of the job within the meaning of the Americans with Disabilities Act (ADA).

Please return completed form to Florida Gulf Coast University, Human Resources Department, 10501 FGCU Boulevard South, Fort Myers, FL 33965-6565 or FAX: (239)590-1431.

Human Resources will provide you with a Notice of Eligibility, Rights and Responsibilities and Medical Certification to be completed by your healthcare provider. You will have 15 days to submit the completed Medical Certification to the leave coordinator, Human Resources.