



FMLA and/or Medical Leave Application

Name: _____ Employee ID: _____

Address: _____ Contact Phone: _____

City, State, Zip: _____ Work Phone: _____

Employee Type: ___ Staff – Full Time ___ Staff – Part Time ___ Faculty – Full Time ___ Faculty – Part Time

Department: _____ Supervisor: _____

Beginning Date for Leave: _____ Estimated Length of Leave: _____ Last Day Worked: _____

Normal Work Schedule (Days & Times) _____

Type of Leave: Intermittent Reduced Scheduled Worker’s Comp.

In order for FMLA Manager to accurately calculate potential federal leave, please select the option below that most closely represents the reason for leave.

Federal 12-week FMLA Leave:

Birth, Adoption, or Foster Placement of a Child. Date: _____

A serious health condition making the requestor unable to perform the essential functions of his/her job.

A serious health condition affecting his/her: ___ Spouse ___ Son/Daughter ___ Parent

A qualifying exigency due to the covered active military duty or call to duty with the Armed Forces of:

___ Spouse ___ Son/Daughter ___ Parent ___ Military Member’s Parent

Other: Employee’s own Military Leave obligation.

Military Caregiver Leave (Measured Forward):

A serious injury or illness affecting his/her service member:

___ Spouse ___ Son/Daughter ___ Parent ___ Next of Kin

Not Applicable:

N/A – The Federal FMLA is not applicable to this leave request.

Have you informed your supervisor? Yes No

Please sign your initials to certify that you have read and understand each section below.

_____ In order to determine whether your absence qualifies as FMLA leave, requested documentation must be provided within 15 calendar days following the FMLA request date. If documentation is not received within the allowed time period, your leave could be denied.

_____ You will be required to use your available paid time during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

_____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work when requested.

_____ If you have been off work due to your own serious health condition and your physician returns you to work with no restrictions, you must submit a physician's release to Human Resources as soon as you receive it. You CANNOT return to work without a release from Human Resources.

_____ If your physician returns you to work with restrictions or on a part-time basis, you must submit a physician's release to Human Resources as soon as you receive it. The College may need up to five working days to determine if you will be able to perform your duties according to your job description. During this five-day period, you will remain on leave. You CANNOT return to work with restrictions until the College agrees to accept the limitations and provides you with a release to return.

_____ If you are returning to work from a continuous FMLA leave for caring for a family member, you must notify Human Resources of your impending return as soon as possible.

_____ Permission to call doctor on Employee's behalf (clarification of certification).

_____ Information and updates regarding your leave will be provided through your Illinois Central College e-mail account (xxxxxx@icc.edu) or personal email that is provided.

_____ In a position that has a lifting requirement, you will be required to present a fitness-for-duty certificate to be restored to employment. This appointment is to be scheduled through Human Resources.

I certify that I have received and read the Medical Leave Fact Sheet and Employee's Rights and Responsibilities. I have read and initialed each section above. I understand that I am required to provide appropriate documentation to substantiate my need for the above leave.

Applicant's Signature: _____ Date: _____