



Requirements While On Intermittent FMLA Leave

Please initial each of the following statements indicating that you have read, understand, and will comply with each of these requirements. If you have any questions about this form, it is your responsibility to contact your HR Business Partner for clarification prior to signing and submitting this form. You may reach your HR Business Partner in Human Resources by calling 309-694-5720.

_____ Intermittent Leave starts with the date the application is completed or requested.

_____ Doctor's certification needs to be completed and returned within 15 days of the signed application or the leave could be denied.

_____ If additional information is needed from the doctor, it will be your responsibility to provide the information within the designated time period.

_____ If the Intermittent Leave is for scheduled absences, you must provide the dates and times of your scheduled absences to your department (and to Human Resources, if requested).

_____ Calling in consistent with your department call-in procedures is required. When calling in/reporting an unscheduled absence covered by your Intermittent FMLA Leave, you must clearly designate the absence as FMLA time to whomever you are required to report your absences.

_____ Approved Intermittent FMLA Leave can only be used for the medical condition identified on the doctor's certification form.

_____ When the Intermittent FMLA medical condition prevents you from working more than 3 consecutive days, an application for Continuous FMLA Leave must be completed.

_____ Partial day absences will count toward the total Intermittent FMLA absence allowance.

_____ Intermittent Leave does expire every 12 months. If the need for leave still exists after the expiration date, it is your responsibility to request an updated leave.

_____ FMLA time reported on your timesheet should be selected with the designation "FMLA" in the time reporting code drop down menu.

Applicant signature: _____ Date: _____