

For further clarification, please refer to the following UMASS Medical School Policies:

- Family and Medical Leave / Maternity Leave ● Leave of Absence
- Small Necessities Leave ● Military Leave ● Paid Family and Medical Leave

REQUEST FOR LEAVE OF ABSENCE FORM

Employee:	Employee #:	Schedule Hours:
Date of Hire	Program:	Location:
Home Phone:	Home Address:	Supervisor:
VISA type:		

REASON FOR LEAVE OF ABSENCE (PLEASE CHECK APPLICABLE BOXES)

- Birth
- Adoption
- Employee Illness
- Care for a family member with a serious health condition
- Jury Duty
- Military Leave for Employee
- Leave for Care of Covered Service member Due to Serious Illness or Injury
- Leave for Qualifying Exigency Related to Military contingency Operations
- OTHER – non-medical

PFML BENEFITS APPLICATION OR USE OF LEAVE ACCRUALS

Please indicate whether you intend to seek paid PFML benefits from the Dept. of PFML or use accrued leave in lieu of paid PFML benefits:

- I plan to apply for paid benefits with the Dept. of PFML.
- I plan to utilize my accruals while on leave.

Please note that if you elect to utilize your accrued leave, you will be paid only so long as you have leave available.

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LEAVE TYPE (PLEASE CHECK APPROPRIATE BOX)

Continuous

Intermittent

Reduced Schedule

Leave Begin and End Dates: _____ to _____

Time Requested: Days Hours Weeks

If reduced schedule, please specify new hours:

I understand that I will be reinstated to my same or equivalent position if it deemed that I am eligible for FMLA or PFML.
I also understand that failure to return from the approved Leave of Absence within the agreed upon time frame may constitute voluntary termination.

LEAVE WILL BE PAID ONLY IF EMPLOYEE HAS SUFFICIENT AND APPROPRIATE ACCRUALS TO COVER PART OR ALL OF THE ABSENCE.

Employee Signature (electronic signature): _____ Date: _____

Supervisor (Please Print): _____ Date: _____

Supervisor Signature (electronic signature): _____ Date: _____

The form must be completed including all signatures. Please save a copy of the completed form for your records and then click the submit button below.