



### Kennesaw State University Request for Use of Family Medical Leave Act

After completing one year of employment at KSU, FMLA entitles any KSU employee who worked at least 1,250 hours during the previous 12-months to take a maximum of twelve weeks leave (minimum of one week at a time) in any twelve-month period for any of the reasons designated below. To request such leave, supporting documentation (The USG FMLA Medical Certification Form) must be submitted along with this completed form to Human Resources.

Employee Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

**Reason for requesting FMLA:**

- The birth of a child of the employee (must submit a letter from the attending physician).
- The placement of a child with the employee for adoption (must submit adoption papers).
- A serious health condition of the employee’s child, spouse, parent or spouse’s parent necessitating the employee’s presence (must submit a letter from the attending physician stating the patient’s name, relationship to the employee and necessity of employee’s presence).
- A serious health condition of the employee, which renders him/her unable to perform the duties of his/her job (must submit a letter from the attending physician).
- An immediate family member has been ordered to active duty (must submit a copy of the orders).
- To care for an immediate family member who has been injured during active duty in the U.S. Armed Forces (allowed to take up to six months of leave; must submit a letter from family member’s attending physician and documentation verifying active duty in the U.S. Armed Forces).

**Expected start date of leave** \_\_\_\_\_ **Expected date of return** \_\_\_\_\_

I understand that KSU’s FMLA policy requires that I use any available paid sick leave while on FMLA. Once I have exhausted my paid sick leave, I wish to:

- Continue on paid FMLA using my accumulated vacation time if any is available.
- Continue on FMLA in an unpaid status and freeze any vacation time I may have.



I understand that while I am on an unpaid leave, I may be billed for my portion of any applicable benefit premiums. I also understand that it is my responsibility to stay in close communication with Human Resources and my supervisor concerning my return to work and that failure to return on my designated date without an extension approval may be treated as a resignation.

In order to return to work, I understand I must submit either a completed [Medical Evaluation \(Return to Work\) form](#) or a written medical release from my physician.

\_\_\_ I understand that if become uncompensated any point during my leave I will be billed by the Office of Finance & Accounting for my benefit premiums each month. I will need to pay the Bursar's Office directly, in person or check by mail, each month for the premiums billed.

\_\_\_ If I have a balance on my Bursar's account when I return to work, I understand that the balance will be deducted from my paycheck as an accounts receivable deduction. This will be arranged by the Office of Finance & Accounting and the Payroll department.

\_\_\_ If I do not return to work and employment is terminated, the balance on my Bursar's account is my responsibility to pay. If I fail to pay the balance, I understand that my account may be sent to outside collections by the Office of Finance & Accounting.

Contact information while on leave:

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
Approval of Human Resources

Name \_\_\_\_\_ Signature \_\_\_\_\_

Actual beginning date of leave \_\_\_\_\_ Returned on \_\_\_\_\_

Notes: