
**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 _____

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- ___ I understand that in accordance with Kennesaw State University Leave policy, I will be required to use my sick leave accruals while on FMLA leave. If my sick leave accruals become exhausted, vacation hours (when applicable) will then be applied.
- ___ I 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 that I am required to present a fitness-for-duty note from my physician, indicating the date I am released to return and noting any work restrictions, if any, prior to my return.
- ___ I understand that as long as I am receiving payroll checks from KSU, benefits premiums will be deducted from my payroll check(s). If at any time during my leave I no longer receive paychecks from KSU, I will be placed on an uncompensated status.
- ___ I understand that if I become uncompensated at any point during my leave I will be billed by OneUSG for my benefits premiums each month to continue benefits coverage. I will need to pay OneUSG directly each month for the premiums billed. If I am more than 30 days late, my group health insurance may be terminated, provided I receive 15 days' written notice that the coverage will lapse.
- ___ If I have any type of 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 or with OneUSG is my responsibility to pay. If I fail to pay the balance, I understand that my account may be sent to outside collections by both the Office of Finance & Accounting as well as OneUSG.

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: