

KENNESAW STATE UNIVERSITY – REQUEST FOR LEAVE OF ABSENCE

Employee Completes Sections 1, 2, 3, and 5

Section 1: Personal Information		
Last Name:	First Name:	Employee ID:
Home Address:	Work Phone:	Department:
	Home Phone:	
Hire Date:	Preferred E-mail	Job Title:
Signature:		Date:

Section 2: I am a Faculty Employee _____ Staff Employee _____

I anticipate that my leave will begin _____ and end _____

Section 3: Nature of Leave (Check the type of leave requested and provide documentation as indicated)

Medical Leave of Absence (Required medical certification must be returned within 15 days of request)

<input type="checkbox"/> Employee Illness	Certification of Health Care Provider for Employee’s Serious Illness
<input type="checkbox"/> Child/Parent/Spouse Illness	Certification of Health Care Provider for Family Member’s Illness
<input type="checkbox"/> Maternity	Certification of Health Care Provider
<input type="checkbox"/> Military Caregiver	Certification of Serious Illness of Injury of Covered Service Member

Non-Medical Leave of Absence

<input type="checkbox"/> Paid Parental Leave (<i>Runs concurrently with FMLA, if eligible for FMLA</i>)	Birth Notice / Birth Certificate
<input type="checkbox"/> Paternity (<i>Must be taken within one year of birth</i>)	Certification of Health Care Provider for Family Member /Birth Notice
<input type="checkbox"/> Adoption/Placement of Foster Child (<i>Must be taken within one year of placement</i>)	Adoption Decree/Certificate or Letter of Placement
<input type="checkbox"/> Military Exigency	Certificate of Qualifying Exigency (DOL WH-384)

Section 4: Leave Details/Type of Leave

Leave is –

Continuous – Off work completely from _____ to _____

Partial – Restricted work schedule _____ hours/days per week/month

Intermittent – Time off as needed _____ times per week/month _____ hours per day

Section 5: Employee Acknowledgements (Please initial each item)

_____ I understand that while on leave, I will be required to use my sick leave accruals; and if my sick leave accrual are exhausted during my leave, vacation hours will be applied.

_____ I understand it is my responsibility to stay in communication with Human Resources and my supervisor regarding my return to work and that failure to return to work on my designated return date without approval of leave extension may be treated as a resignation or subject to disciplinary action.

_____ I understand that if I have been on medical leave for my own illness or injury, I am required to present a release to return to work statement from my physician **prior** to my return. This release needs to indicate the date I am released to return to work and not any work restrictions.

_____ I understand that as long as I am receiving payroll checks from KSU, the amounts due for my benefits premiums will be deducted from my pay. If at any time during my leave I am no longer receiving pay from KSU, I will be placed on unpaid leave and be in uncompensated status.

_____ I understand that if I am in uncompensated status as of the first day of any month during my leave, I will be billed by OneUSG for my benefit premiums and will be responsible for remitting payment directly to OneUSG. If I am more than 30 days late in payment, my benefits will be subject to termination for the months for which premiums are not paid.

Section 6: Human Resources (This Section completed by HR/Benefits)

Name: _____ Title: _____

Signature: _____ Date Request Received: _____

Date Paperwork Received: _____ Date Leave Approved: _____

Does Leave Qualify for FMLA: _____

If this leave is for Family Medical Leave:

- (1) Has employee taken FMLA entitlement in the past 12 months Yes No
If yes, provide dates/hours which have already been applied to FMLA
Dates: From _____ to _____ Total # of hours of FMLA used during the past 12 months _____
- (2) If approved, will this leave be taken on an Intermittent basis or include Intermittent use? Yes No
- (3) Leave approved by KSU HR From _____ To _____