

Kendall Hall, Room 118, 400 West First Street, Chico, CA 95929

530-898-5436 ♦ 898-5755 (fax)

- Instructions:**
1. This application is provided for employees to document their request for Family Care and Medical Leave (FML). Any request for FML leave for any purpose and its approval or denial must be properly documented.
 2. Employees should retain a copy of this application for their files with all related documentation.
 3. Contact Disability Programs Office, 898-5436, if you have any questions or concerns.

EMPLOYEE INFORMATION

Employee Name:	Employee ID Number:
Department:	Campus Phone:
Current mailing address:	Home Phone:

Dates for which employee is requesting leave: from _____ to _____

<p>Reason for Leave:</p> <input type="checkbox"/> Employee's serious health condition <input type="checkbox"/> Pregnancy disability <input type="checkbox"/> To care for newborn <input type="checkbox"/> To care for newly adopted child or newly placed foster child <input type="checkbox"/> To care for child, spouse, or parent with a serious health condition	<p>To document leave, submit the following materials to HR:</p> <input type="checkbox"/> Certification of Health Care Provider Form Absence Reports <input type="checkbox"/> Prior to returning from leave, each employee must submit a physician-completed Work Status Form to the DPO.
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<p>Eligibility: All full-time and part-time employees (excluding student employees) employed for at least one academic year or 12 months (not necessarily continuously) preceding the leave are eligible.</p> <p>Student employees employed at least one year (not necessarily continuously) and who worked at least 1,250 hours in the 12 months preceding the leave are eligible.</p> <p>Is employee eligible for FML? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has employee used FML leave within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, remaining weeks of entitlement for Federal FML: _____</p>
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DISABILITY PROGRAMS OFFICE RESPONSIBILITIES

<p>Provide the following to the employee:</p> <input type="checkbox"/> Family and Medical Leave Information Sheet <input type="checkbox"/> Employee Rights and Responsibilities <input type="checkbox"/> Transitional Employment Information <input type="checkbox"/> Certification of Health Care Provider Form <input type="checkbox"/> Work Status Form	<p><i>Date information was provided to the employee:</i> _____</p> <p>Method of Presentation:</p> <input type="checkbox"/> In person <input type="checkbox"/> U.S. Mail with Proof of Service <i>Name of person who provided the packet:</i> _____
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<p>Document Retention Whether FML leave is approved or denied, all documents and correspondence pertaining to the leave must be retained in the DPO files for at least 3 years from the date of the request.</p>	<p>Date of Request: _____</p> <p>File Destruction Date: _____</p>
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Appropriate Administrator: (PRINT)	Appropriate Administrator Signature	Date