Brandeis UNIVERSITY

FMLA Leave Application STAFF

Employee Information

Name: _____ Date of Hire: _____

Job Status: _____ Cell/Home Phone: _____

Department: _____ Mail Stop: _____

Supervisor: _____ Campus Extension: 6-_____

Preferred email address while on leave: _____

Leave Information

Date leave is scheduled to begin: _____ Date you expect to return to work: _____

Type of Leave: ○ Parental Leave (birth/adoption/placement) Approx. due date _____

○ Employee illness ○ Family member illness Intermittent Leave? ○ Yes ○ No

○ Military-Qualifying Exigency ○ Military-Service member *If intermittent leave, please attach planned schedule of days or reduced leave schedule*

Pay during leave:

Do you wish to use accrued* vacation and/or personal days when sick leave benefits have been exhausted?

○ Yes ○ No

If applicable do you wish to supplement 60% Extended Illness Benefit with accrued* vacation and or personal days?

○ Yes ○ No

**Vacation, Personal and Sick leave will continue to accrue during a paid FMLA leave, however it may not be used until the employee returns to work. Note, if you are receiving the 60% Extended Illness Benefit (EIB), then you will accrue time off at the 60% rate. Vacation, Personal and Sick leave will not accrue during an unpaid FMLA leave.*

Payment of Benefits (for unpaid leaves of absence only)

Please complete the following if you are taking an unpaid leave or should your leave transition from paid to unpaid:
During the period of your unpaid leave, you have the following options for payment of your portion of premiums to the University for: medical, dental and/or vision insurance coverage as well as other benefits:

○ Option #1: I will provide Brandeis University a monthly check for payment of insurance premiums, for which I am responsible for, prior to the 1st day of each month of my unpaid leave of absence.

○ Option #2: I authorize Brandeis University to withhold any unpaid insurance premiums, for which I am responsible, from my paycheck upon returning from my unpaid leave of absence.

Your Signature

I have read and understand the Brandeis University FMLA Policy for Staff. A Certificate of Health Care Provider form must be completed in order to be considered for approval. If necessary, I have elected the above option for payment of my benefits. It is my responsibility to reimburse the University its portion of premiums for health, dental, and/or vision insurance, should I elect to accept other employment or do not return to Brandeis due to reasons under my control. If the leave is necessary due to my illness, I must also submit a completed and signed Fitness for Duty Form in order to return to work.
I certify that this application for FMLA Leave is true and accurate.

_____ _____

Employee Signature Date