REQUEST FOR FAMILY OR MEDICAL LEAVE

If possible, a request for family or medical leave must be made 30 days prior to the date requested leave is to begin.

Name:	Employee ID #:
Address:	
Home Phone:	Work Phone:
Email:	Department:
Status: Full- time Part-t	imeWage
U.Va. Hire Date:	State Hire Date:
I request family or medical leave for the foll	owing reason(s):
BIRTH OF A CHILD	
Expected date of birth:	Expected return date:
PLACEMENT OF A CHILD WITH	ME FOR ADOPTION OR FOSTER CARE*
Leave expected to start:Placement Date:	Expected return date:
	LD (UNDER THE AGE OF 18), OR A PARENT THAT HAS A
SERIOUS HEALTH CONDITION* Leave to start:	
	ITION THAT MAKES ME UNABLE TO PERFORM MY
JOB DUTIES* Leave to start: Please describe:	Expected return date:
FOR MILITARY LEAVE	
Leave to start:	•
Qualified Exigency	Care for Service member
Requested intermittent leave schedule Schedule requested:	
Requested reduced schedule** (subjection)	ect to agency's approval)
Have you taken family or medical leave in the	ne past calendar year?
No Yes If yes	, how many workdays?

^{*}A physician's certification or other documentation may be required.

I understand and agree to the following provisions:

- I have worked for state government (agency, if wage employee) for at least 12 months and for at least 1,250 hours in the previous 12 months
- I have the option of using paid leave for absences covered under family and medical leave. I understand U.Va. can designate such leave as family and medical leave.
- If the leave will be unpaid (LWOP), I understand it will be my responsibility to pay my portion of the health care premium to my agency on the first day of each month. Additionally, I understand that while on LWOP or after 60 consecutive work days of paid leave, I will not accrue annual or sick leave hours.
- If, after 12 weeks of leave, I do not return to work on the date intended, U.Va. may seek to recover the University's health insurance contributions for the period I was on leave without pay.
- At the end of family and medical leave, I normally will be reinstated to my original position (or equivalent position) before the leave began unless I hold a key position.

Employee Signature	Date
Full Date(s) Leave:	
Supervisor's Name (print):	Work Phone:
Supervisor's Signature	Date
Intermittent Leave:	
Supervisor's Name (print):	Work Phone:
Supervisor's Signature	Date
Reduced Schedule Leave:	
Supervisor's Name (print):	Work Phone:
Supervisor's Signature	Date
Notes:	