

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: _____

Date: _____

Office: _____

Status: _____ Full-Time _____ Part-time

VCCS Hire Date: _____

State Hire Date: _____

I request family or medical leave for the following reason(s):

_____ BIRTH OF A CHILD* Expected Date of Birth _____

Leave to Start _____ Expected Return Date _____

_____ PLACEMENT OF A CHILD WITH ME FOR ADOPTION OR FOSTER CARE* Placement Date _____

Leave to Start _____ Expected Return Date _____

_____ TO CARE FOR MY SPOUSE, CHILD, OR PARENT THAT HAS A SERIOUS HEALTH CONDITION*

Leave to Start _____ Expected Return Date _____

_____ FOR A SERIOUS HEALTH CONDITION THAT MAKES ME UNABLE TO PERFORM MY WORK DUTIES*

Please describe _____

Leave to Start _____ Expected Return Date _____

_____ FOR OTHER REASONS*

Please describe _____

Leave to Start _____ Expected Return Date _____

_____ Requested intermittent leave schedule** (subject to agency's approval)

Schedule requested: _____

_____ Requested reduce schedule** (subject to agency's approval)

Schedule requested: _____

Have you taken family or medical leave in the past calendar year? _____ YES _____ NO

If yes, how many workdays? _____

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

**Can be utilized only if you or your spouse, child, or parent has a serious health condition.

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 the System Office will 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, the System Office may seek to recover the Commonwealth'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 _____

LEAVE APPROVAL

Full Day(s) Leave:

Supervisor's Signature _____

Date _____

Office Director's Signature _____

Date _____

Intermittent Leave:

Supervisor's Signature _____

Date _____

Office Director's Signature _____

Date _____

Reduced Schedule Leave:

Supervisor's Signature _____

Date _____

Office Director's Signature _____

Date _____

Human Resource Signature _____

Date _____

Notes: _____
