



**DEPARTMENT OF HUMAN RESOURCES**

505 Ramapo Valley Road, Mahwah, NJ 07430-1623  
Phone 201.684.7506 Fax 201.684.7508  
www.ramapo.edu

**Request for Family/Medical Leave of Absence**

Name \_\_\_\_\_ Department \_\_\_\_\_

Date of Hire \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone Number Where you can be Reached While on Leave \_\_\_\_\_

I am requesting a family/medical leave of absence. All requests must be submitted to the Benefits Office 30 days prior to the start of leave or as soon as foreseeable.

**Qualifying Event (Please check one)**

Please note that the events below are the only events that qualify for leave under Federal (FMLA) or NJ State law (FLA). If the leave is not for one of these events, it will be handled as a personal leave of absence and not subject to the provisions of Federal (FMLA) or NJ State law (FLA). Please note that personal illness or family illness requires medical certification, which should be given only to the Benefits Office.

Personal Illness \_\_\_\_\_ (FMLA only)

Care of a seriously ill family member \_\_\_\_\_ Relation to employee \_\_\_\_\_  
(Child, spouse, parent, parent-in-law)

Birth or adoption of child \_\_\_\_\_ Anticipated date of birth \_\_\_\_\_

**Duration of Leave**

Date Leave Begins \_\_\_\_\_ Anticipated Return to Work date \_\_\_\_\_

**Intermittent Leave**

Intermittent leave is only permitted for personal illness for yourself or a covered family member. In the event that you request intermittent leave, it should be scheduled so as not to unduly disrupt operations of the College. If you are requesting intermittent leave please indicate the proposed schedule of absences:

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate which accruals we are allowed to charge if you wish to remain in pay status while on leave.**

Sick \_\_\_\_\_ Personal \_\_\_\_\_ Vacation \_\_\_\_\_ Compensatory \_\_\_\_\_ Unpaid \_\_\_\_\_

You will receive a letter from the Benefits Office approving or denying your leave and advising you of your rights for benefit continuation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_