



DEPARTMENT OF PEOPLE OPERATIONS AND EMPLOYEE RESOURCES

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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 _____