

REQUEST FOR FAMILY AND MEDICAL LEAVE  
MONTANA STATE UNIVERSITY-NORTHERN

Family and Medical Leave is provided under the FAMILY and MEDICAL LEAVE ACT of 1993. Please see the attached summary of the FMLA, or contact the Human Resources Department at 265-4147.

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I am requesting Family and Medical Leave for the following reason:

- to care for my child after birth or because of the placement of a child with me for adoption or foster care;
- to care for my spouse, child, or parent with a serious health condition\*  
\_\_\_\_\_ spouse, \_\_\_\_\_ child, or \_\_\_\_\_ parent (check one);
- for a serious health condition\* that makes me unable to perform my job.

\*If requested by MSU-Northern, I will provide a medical certificate within 15 days if a serious health condition is involved.

This leave is requested for the following period:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ (up to 12 work weeks)

I understand that employer contributions of insurance premiums while on unpaid Family and Medical Leave are to be reimbursed to MSU-Northern should I choose *not* to return to work for reasons unrelated to this medical circumstance.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Department \_\_\_\_\_

Employee Signature & Date \_\_\_\_\_

Department Head Signature & Date \_\_\_\_\_

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*Eligibility Requirements - to be completed by Human Resources Department*

12 months service: Hire date \_\_\_\_\_ Last FMLA Used \_\_\_\_\_

.50 FTE + (minimum of 1040 hrs) paid in past 12 months: \_\_ (FTE) \_\_ hrs wrkd

Cc: Employee Personnel file  
Payroll