



State of Connecticut Human Resources
Employee Request

**For Leave of Absence Under the Federal Family and Medical Leave Act (FMLA)
and/or**

State C. G. S. 5-248a (Family and medical leave from employment)

(To be completed by Employee)

Form #: FMLA-HR1

Revision Date: 8/2003

Please read carefully the attached information regarding your family/medical leave entitlements under federal (FMLA) and state (C.G.S. 5-248a) law. Then complete the form and return it to your agency's Human Resources Unit. Be sure to attach or provide promptly any required documentation. Note that your federal FMLA entitlement may run concurrently with any leave granted under C.G.S. 5-248a.

Note: *A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a licensed physician or other "health care provider."* [Form P-33A—Employee or Form P-33B—Caregiver]

Employee Name: _____

Agency/Unit: _____

Reason for Request: _____ **Duration of Leave:** (from) _____ (to) _____

- _____ birth of your child
- _____ adoption of a child by you
- _____ placement of a foster child with you (*Federal FMLA only*)
- _____ a serious health condition/serious illness that makes you unable to perform the essential functions of your job
- _____ a serious health condition/serious illness affecting your (*check one*)
 - _____ spouse _____ child _____ parent for which you are needed to provide care

Does your spouse work for the State? _____ (*fill in "yes" or "no"*)
If yes, which agency. _____ Will he/she be taking leave for the same purpose? _____

Use of Accruals (*check one*):

(1) Birth of Your Child

(a) *Mother* – Your absence for the “disability” portion of your pregnancy will automatically be charged to any accrued sick leave. Once you have exhausted your sick leave, you may use personal leave, vacation accrued time or unpaid leave. Once you have completed the “disability” portion of your pregnancy (i.e., you have been certified as able to perform the requirements of your job by your attending physician), you may not use accrued sick leave. You may, however, as above, use personal leave and/or vacation accrued time for the balance of your leave. This election must be made before you begin your leave. If you do not elect to substitute personal or vacation time, the leave will be unpaid.

(Answer “yes” or “no”) _____ *I elect to use vacation and personal leave accruals. If “yes,” fill in amount of time you wish to use.* _____

(b) *Father* – If you so elect, you may use personal leave and/or vacation accruals.

(Answer “yes” or “no”) _____ *I elect to use vacation and personal leave accruals. If “yes,” fill in amount of time you wish to use.* _____

(2) Adoption (both State & Federal) or placement of a foster child with you (Federal FMLA only)

You may elect to substitute personal leave or vacation accruals for unpaid leave.

(Answer “yes” or “no”) _____ *I elect to use vacation and personal leave accruals. If “yes,” fill in amount of time you wish to use.* _____

(3) Employee's Own "Serious Health Condition"/"Serious Illness"

Absences for your own "serious health condition"/"serious illness," will be charged to your sick leave. Once your sick leave accrual has been exhausted, your 24-week state entitlement period will begin and you will have the option to use personal leave and/or vacation leave balances. This election must be made before you begin your absence period; personal and vacation time cannot be used to extend the 24-week state entitlement. (Your federal FMLA entitlement period will begin at the onset of your absence period.)

(Answer "yes" or "no") _____ *I elect to use vacation and personal leave accruals. If "yes," fill in amount of time you wish to use.* _____

(4) "Serious Health Condition"/"Serious Illness" of Spouse, Child, Parent

If your absence is to provide care for a spouse, child or parent with a "serious health condition"/ "serious illness," you are entitled to use 3 to 5 days of sick leave per year for a family emergency, depending on your collective bargaining contract. After that time, you may elect to use personal leave and vacation leave accruals. This election must be made before you begin your absence and this time cannot be used to extend the 24-week state entitlement.

(Answer "yes" or "no") _____ *I elect to use any remaining days of sick leave for family emergency to which I am entitled.*

(Answer "yes" or "no") _____ *I elect to use vacation and personal leave accruals. If "yes," fill in amount of time you wish to use.* _____

Intermittent*/Reduced Schedule Leave (Federal FMLA only):**

Under Federal FMLA, under certain conditions, leave can be taken intermittently or on a reduced leave schedule for a "serious health condition" (child's, spouse's, parent's or employee's). [State family/medical leave law (C.G.S. 5-248a) contains no provision for intermittent or reduced leave. However, General Letter No. 217-A outlines the procedures under which a full-time employee may return from a medical or maternity leave on a part-time basis.]

(Answer "yes" or "no") _____ *I am requesting authorization for (circle one) _____ "intermittent" or "reduced leave" schedule. If yes, explain.* _____

* *"Intermittent leave" is leave taken in separate blocks of time due to a single qualifying reason.*
** *"Reduced leave schedule" is a leave schedule that reduces an employee's usual number of working hours per workweek, or hours per workday. It is a change in the employee's schedule for a period of time, normally from full-time to part-time.*

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.

(Employee Signature) (Date)

Continued

TO BE COMPLETED BY DEPARTMENT/UNIT/COST CENTER HEAD (check one):

_____ To the best of my knowledge, this request meets the requirements of the federal FMLA and/or state family/medical leave legislation. Therefore, I recommend approval.

_____ I do not recommend approval. This request does not meet the federal or state guidelines because:

(Department/Unit/Cost Center Head)

(Date)