



## Department of Human Resources

700 University Avenue | Coenen Hall | Monroe, LA 71209

Phone: 318.342.5140 | Fax: 318.342.5144

### Family and Medical Leave Request

Date: \_\_\_\_\_

To be completed by employee:

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of job-protected leave for certain family and medical reasons. Submit this request to your supervisor or department head at least 30 days before the leave is to commence, when possible. When submission of the request 30 days in advance is not possible, submit the request as early as is possible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law. The ULM FMLA policy is available for review at <https://www.ulm.edu/hr/benefits/fmla.html>

I am requesting leave for the following reason:

☐ Personal serious health condition

☐ Serious health condition of: ☐ Spouse ☐ Child ☐ Parent

Name of family member: \_\_\_\_\_  
(Print)

☐ Birth of a child \_\_\_\_\_  
Expected delivery date

☐ Adoption or placement of a child for fostercare \_\_\_\_\_  
Scheduled date of adoption or placement

Dates of leave requested:

I request continuous leave from \_\_\_\_\_ to \_\_\_\_\_

I request intermittent leave according to the following schedule: \_\_\_\_\_  
(Attach schedule if needed)

The total number of days of leave that I request is: \_\_\_\_\_

Employee statement:

I agree to return to work on \_\_\_\_\_. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor and human resources. I understand my benefits will continue during my leave and I must arrange to pay my share of the applicable premiums.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

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#### TO BE COMPLETED BY HUMAN RESOURCES

Leave is ☐ Approved  
☐ Denied for the following reason(s) \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_