

**University of Maine System  
Request for Family and Medical Leave (FML)**

Name: \_\_\_\_\_ EmplID: \_\_\_\_\_  
Campus/Dept: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Personal Email: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

*\*By providing your email address, you agree to receive FML information via email. You may not use your University email while on leave.*

I am requesting a Leave for the period starting \_\_\_\_\_ and ending \_\_\_\_\_.

Time Requested: \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_ Weeks (check one)

Leave Type: \_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent\* \_\_\_\_\_ Reduced Schedule\* (check one)

\*I am requesting leave in the form of intermittent leave or reduced hours as follows (specify starting and ending dates and the hours to be taken as leave):

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

This leave is requested for:

\_\_\_\_\_ Family leave: (check all applicable boxes and certification box if leave is being taken for a child):

\_\_\_\_\_ Birth of a child (anticipated or actual date of birth \_\_\_\_\_)

\_\_\_\_\_ Care of a newborn child (anticipated or actual date of birth \_\_\_\_\_)

\_\_\_\_\_ Care of a child placed for adoption or foster care (date of placement \_\_\_\_\_)

\_\_\_\_\_ Care of a family member with a serious medical condition:

*(circle as appropriate: spouse, domestic partner, child, parent, sibling)*

\_\_\_\_\_ If leave is for a child, I certify that I am responsible for the daily care and/or financial support.

\_\_\_\_\_ My own serious medical condition

\_\_\_\_\_ Donation of an organ by the employee for a human organ transplant

\_\_\_\_\_ Military Family Leave because of a qualifying exigency (12 week maximum)

\_\_\_\_\_ Military Family Leave to care for a covered servicemember with a serious injury or illness (26 week maximum)

**Paid/Unpaid Leave:** Available accrued paid leave (both disability leave and annual leave) must be used before you may take an unpaid family/medical leave, except that you may reserve up to one week of annual leave and may use, but are not required to use, accrued leave if you are receiving Short-Term Disability benefits. The use of paid disability leave, whether for your own illness or for family illness, is still subject to University policy and contract provisions. The entire leave, including any paid leave as well as unpaid leave, is considered family/medical leave and is counted toward the 12 or 26 week entitlement.

I \_\_\_\_\_do \_\_\_\_\_do not wish to retain 40 hours of annual leave (*applicable if balance exceeds 40 hours.*)

You should notify your supervisor each time you will be absent from work. Your supervisor will be notified by HR the status of your request. You should not provide any medical information to your supervisor.

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

Please visit <http://www.maine.edu/leave-policies> for  
**FMLA Notice of Rights and Responsibilities and other important information.**