

Employee Request for Family Medical Leave (FMLA) & Sick Leave Pool

The University of Texas at San Antonio

Please complete both sides of the Employee Leave Request form. Have your treating physician complete the Physician Certification form. Return both forms to Human Resources attention Annette Rabago. Phone (210) 458-4031 or Fax (210) 458-4644. Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin.

IMPORTANT: Please read below information before completing this form.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. **In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.** "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee Information:

Current Date _____

Last Name _____

First Name _____

Middle Name _____

EMPL ID _____

Home Address _____

City _____

State _____

Zip Code _____

Department _____

Job Title _____

Hire Date _____

Supervisor Name _____

Employee Phone Number _____

I am requesting Family Medical Leave (FMLA):

A Because of the birth of my child and in order to care for him or her.

Expected Date of Birth:

Leave Start Date:

Actual Date of Birth:

Expected Return Date:

B Because of the placement of a child with me for adoption or foster care.

Date of Placement:

Leave Start Date:

Expected Return Date:

C In order to care for my spouse, child, or parent, who has a serious health condition.

Leave Start Date:

Expected Return Date:

D For a serious health condition that makes me unable to perform my job.

Leave Start Date:

Expected Return Date:

E I am requesting an intermittent leave schedule (if applicable: the leave will be subject to employer's approval)

Leave Start Date:

Expected Leave End Date:

If you selected "C", "D", or "E" above, please describe need.

Have you taken a family or medical leave in the past 12 months? Yes No

If Yes, how many work days?

Sick Leave Pool

Is your illness related to an on the job injury?

Yes
 No

If Yes, you are not eligible to apply for sick leave pool hours.

Have you exhausted all of your sick, vacation and compensatory time?

Yes
 No

Amount of sick leave pool hours requested:

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I understand and agree to the following provisions:

- I will submit to HR Leave Administration the completed Physician Certification form to support my request for FMLA.
 - <https://www.utsa.edu/hr/forms.html#11>
- I have worked for my employer at least one year and at least 1,250 hours in the previous 12 months.
- If I failed to return after the leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, and if my employer requires it, I will be financially responsible for the medical insurance premiums the company paid while I was on leave.
- This leave will be unpaid once I exhaust current accruals of sick and vacation time unless I qualify for sick leave pool; or in the case of my own disability, payment could occur under a company disability insurance plan, if I am so covered and qualify.
- I may not use any vacation or sick leave accruals and subsequent accruals, which begin with the first day of the month following the commencement of my leave. Per Gov code 661.202 an employee who is on leave the first day of the month may not use the sick leave that the employee accrues for that month until after a return to duty.
- If I take an unpaid leave as part of my Family Leave, I will be responsible for contacting the **Benefits department at 458-4250** for information on payment of my share of the premiums.
- After 12 weeks of leave, if I do not return to work or contact my supervisor or **Human Resources at 458-4031** on the date intended, it will be considered that I abandoned my job.

Employee Signature

Date

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.