



# Request for Leave of Absence

This form **MUST** be completed and submitted to Human Resources Leave Administration  
Scan and E-Mail to [LeaveAdmin@utsa.edu](mailto:LeaveAdmin@utsa.edu)

## Employee Information

Last Name

First Name

Middle Name

EMPL ID

Personal Email Address (Not UTSA)

Personal Phone Number

Work Phone Number

## Requested Leave Dates (Best Estimate)

I will need a continuous block of leave from:  to:

I will need a reduced schedule leave from:  to:

I will need an intermittent leave from:  to:

## Reason for Leave

- Your own serious health condition that makes you unable to perform your job.
- Care for a family member's serious health condition:
- a) Name of family member:
  - b) Relationship:
  - c) What type of care will you provide?
- Parental leave (newborn, newly adopted, newly placed foster child), available to both male and female employees. Length of leave is up to 12-weeks within first 12-months of birth or placement.
- Qualified Exigency leave due to my spouse, child or parent being called to active duty or call to active duty status.
- Military Caregiver leave to care for a covered service member with a serious injury or illness who is your spouse, child, parent or next of kin.
- Personal leave – This is a leave under the “authorized leave without pay” policy.

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

Is your injury or illness related to an on the job injury or illness?  No  No

Replace any unpaid time with paid leave?

### Genetic Information Nondiscrimination Act (GINA) Disclosure

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 an individual or family member of the individual, except as specifically allowed by this law. 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 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.

### Acknowledgement

I understand that I may be required to submit a physician certification form in connection with my request for leave (if applicable) and that if I do not timely submit a complete and sufficient certification, UTSA will delay or deny the leave, continued leave, or restoration to employment, and may impose appropriate disciplinary action, up to and including termination of employment. I understand that if I make any oral or written statements in connection with my request for leave that are false and/or misleading, I will be subject to appropriate disciplinary action, up to and including termination of employment. I certify that all statements in this request are true and complete.

### Notice of Electronic Delivery

I understand that UTSA utilizes electronic delivery as our distribution method for required benefit plan notices such as Summary Plan Descriptions, HIPAA notices and Summary Annual Reports. If you need a printed copy of any electronically distributed notice, contact Human Resources. Note: Notices regarding your leave of absence request will be distributed primarily to the E-Mail address provided by you at the top of this notice.

Signature

Print Name

Date