ARCHDIOCESE OF CHICAGO
FMLA REQUEST FORM

The employee must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with the location's normal call-in process. If you are requesting a leave of absence for reasons other than your own illness or that of an immediate family member, use the Personal Leave of Absence Request Form.

NAME: _____ POSITION: _____

PARISH/SCHOOL/AGENCY: _____

☐ I hereby request a continuous leave of absence from _____-_____-_____ to _____-_____-_____ for

☐ I hereby request an intermittent leave of absence from _____-_____-_____ to _____-_____-_____ for

☐ FMLA/Employee ☐ FMLA/Family Member ☐ Military Caregiver ☐ Qualifying Exigency

☐ Birth, Adoption or Foster Care of a Child ☐ Doctor's Verification, where applicable, is attached

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EMPLOYEE'S RIGHTS AND RESPONSIBILITIES:

I understand that if granted a leave of absence as requested above, I am expected to return to work on or before _____. Should circumstances make it impossible for me to return by that date, I must apply for an extension before the expiration of my original leave. I understand that such extension will be subject to management approval and may be denied if the reason for the extension is not covered under the Archdiocese of Chicago FMLA policy. I also understand the following:

1. Continuous Family and Medical Leaves of Absence are granted for a maximum of 6 months. Intermittent Family and Medical Leaves of Absence are granted for up to the equivalent of 12 full weeks' absence.
2. I am still considered an employee of the Archdiocese of Chicago while I am on leave.
3. All employee benefits in force at commencement of my leave will remain in force during my leave. The regular deductions for such benefits will continue to be taken from my pay while I am on leave. However, at such time as my eligible paid time off benefits have been exhausted, I will be required to remit payment for the amount of the premiums by check monthly until I return from my leave.
4. My time spent on an approved leave of absence will be credited toward the accrual of my vacation benefits, provided I return on time and on a full-time or benefits-eligible, part-time basis. If I fail to return, or if I return only on a non-benefits-eligible part-time basis, I will be entitled only to the unused vacation benefits, if any, I had accrued prior to going on leave.
5. I understand that I will not be paid for any holidays observed while I am on leave unless I have paid time off available and request to use it to avoid being docked.
6. I understand that if I return to work within the prescribed timeframe, I will be reinstated in my original position or an equivalent position with equivalent pay, benefits and other terms of employment.
7. By requesting this leave of absence, I am stating my desire and intention to return to work within the prescribed timeframe. I understand that my intention to return to work is a primary factor in determining whether or not my leave of absence will be approved.
8. I understand that if I am on a Medical leave of absence, my available sick time will be used for any medically necessary absences as certified by my physician. Should I exhaust all of my eligible sick days, I wish to use _____ of my unused personal days and _____ of my unused vacation days. Under FMLA, my employer may require the use of my applicable paid time off benefits while I am on a leave of absence.
9. I understand that if I am enrolled in benefits for which my dependents are also eligible for coverage and that if I am on a leave of absence for the birth or adoption of a child, I must enroll new dependents within one month of the birth or legal adoption/guardianship of the child if I wish to add them to my current coverage.
10. I understand that upon my return to work following a Medical leave of absence I must provide my employer certification from my physician authorizing my return to work.

Employee's Signature: _____Date_____