

REQUEST FOR FAMILY AND MEDICAL LEAVE

Human Resources

EMPLOYEE INFORMATION			
NAME:		WFU ID NUMBER:	
Address:		DEPARTMENT:	
CITY/STATE/ZIP:		SUPERVISOR:	
PHONE:		SUPERVISOR PHONE:	
REASON FOR FML REQUEST		TYPE OF FML REQUEST	
Please check one:		Please check one:	
☐ Maternity, Paternity, Adoption or Foster Care Placement		☐ Continuous Leave	
Child, Spouse, or Parent Serious Health Condition		Reduced Work Schedule	
☐ Employee Serious Health Condition		☐ Intermittent	
Qualifying Military Exigency		Physician recommendation is required for approval	
☐ Covered Servicemember			
Certification Form is required for approval			
BEGIN DATE OF REQUESTED LEAVE: / /		END DATE OF REQUESTED LEAVE: / /	
Comments:			
☐ I wish to continue my insurance coverage during FML ☐ Payroll Deduction ☐ Other ☐ I do not wish to continue my insurance coverage during FML			
EMPLOYEE SIGNATURE AND DATE: DI		EPARTMENT HEAD SIGNATURE AND DATE:	
Use of Accrued Paid Time Off (PTO) During Family and Medical Leave			
In accordance our Family and Medical Leave policy, an employee must substitute any accrued paid time off (PTO) or Sick Leave (if applicable) for any unpaid Family and Medical Leave time, except that an employee may retain up to five (5) days of PTO.			
SEND TO: HUMAN RESOURCES DEPARTMENT, 2598 REYNOLDA ROAD, WINSTON-SALEM, NC 27106			
FAX TO: BENEFITS TEAM AT 336-758-6127			
HUMAN RESOURCES DEPARTMENT USE ONLY			
ELIGIBILITY	PREVIOUS FML TIME		NOTICE INFORMATION
12 months service?	Previous FML time used during last 12 month		Date Received by Human Resources
1250 hrs worked / 12 months? Medical Certification complete?	period? Yes If yes: From: / /		1 1
FML Approved?		10: / /	
weeks or hours	for week/hours		
ABSENCE MANAGEMENT COORDINATOR:	DATE:		•