

REQUEST FOR TEMPORARY ABSENCE

NAME _____	PAYROLL ID NUMBER <input style="width: 100%;" type="text"/>
DEPARTMENT _____	MAIL CODE _____ PHONE _____
PLEASE CHECK ONE:	
<input type="checkbox"/> IFO	<input type="checkbox"/> MSUAASF
<input type="checkbox"/> Excluded	<input type="checkbox"/> Classified

TYPE OF ABSENCE	DATES/TIMES	TOTAL HOURS
Annual Leave.....	_____	<input style="width: 100%;" type="text"/>
Sick Leave	_____	<input style="width: 100%;" type="text"/>
Reason _____		
* Family and medical absences might fall under the Family and Medical Leave Act (FMLA).		
Is this a potential FMLA qualifying event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Floating Holiday.....	_____	<input style="width: 100%;" type="text"/>
Personal/Emergency Leave (Unclassified only)*.....	_____	<input style="width: 100%;" type="text"/>
Bereavement Leave (Unclassified Only)*.....	_____	<input style="width: 100%;" type="text"/>
Relationship of deceased _____		
Professional Meeting*.....	_____	<input style="width: 100%;" type="text"/>
Name _____		
Location _____		
Compensatory Leave (Classified Only).....	_____	<input style="width: 100%;" type="text"/>
Leave of Absence <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid.....	_____	<input style="width: 100%;" type="text"/>
Union Business Leave.....	_____	<input style="width: 100%;" type="text"/>
Other*.....	_____	<input style="width: 100%;" type="text"/>
Explanation _____		

*Disposition of classes _____

EMPLOYEE'S SIGNATURE _____ DATE SUBMITTED

MY SIGNATURE AUTHORIZES THE EMPLOYEE'S LEAVE REQUEST AND ENSURES ITS RECORDING ON THE APPROPRIATE TIME CARD/SHEET.

DEPARTMENT CHAIR/SUPERVISOR _____ DATE _____

COLLEGE DEAN _____ DATE _____

* FAMILY AND MEDICAL LEAVE ACT (FMLA) NOTIFICATION

Eligible employees who qualify for Family and Medical Leave are entitled to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified FMLA qualifying reasons. Employees are eligible if they have worked for a total of 12 months and have worked in a paid status at least 1,250 hours over the previous 12 months. Qualified employees may be granted FMLA for the birth and care of the newborn child of the employee; for the placement of a child for adoption or foster care; serious health condition of an immediate family member (spouse, child, or parent); or for an employee who is unable to work because of a serious health condition.

If the leave is approved, employer contributions toward the employee's health insurance are maintained during the leave just as if they continued to work, and the employee must be reinstated to the same or equivalent position upon their return. The employee must return to work for at least 30 days following the FMLA or the employee may be required to reimburse NSC for the health premiums that were paid on their behalf while on leave. Premium payments normally handled through payroll deduction for dependent health insurance as well as for optional insurances remain the responsibility of the employee while on Family and Medical Leave.