

**BOSTON UNIVERSITY  
STAFF REQUEST/NOTIFICATION FOR LEAVE**

Instructions: Please complete all applicable sections, sign and date this form.

Section One: Your information

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Unit/Dept.

\_\_\_\_\_  
Phone: Office

\_\_\_\_\_  
Home

\_\_\_\_\_  
Home Address - Please include Street, City, State, and Zip Code

Section Two: Type of Family and Medical Leave  
(Please indicate below which type of leave you are requesting.)

Reason	Purpose	Documents Needed	Complete Sections...
<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Birth of Child or Maternity Leave	None	Four or Five, and Seven
	<input type="checkbox"/> My Serious Health Condition	Medical Certification Form	Four or Five, and Seven
<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Care for Family Member with Serious Health Condition	Medical Certification Form and Certification of Need for Employee's Presence	Four or Five, Six and Seven
	<input type="checkbox"/> Adoption, Foster Care, Placement of a Child* or Care of Newborn Child Born to Spouse	None *Verification of placement of child	Four or Five, and Seven

Section Three:  Other Personal Leave      Written request from employee      Four and Seven

Section Four: Period of Your Leave (Other than Intermittent or Reduced Time Leave)  
I expect to be away from work for the following dates/work days:

FROM:

TO:

Total Work Days Away:

Section Five: Flexibility on Scheduling of Your Leave Time (Intermittent or Reduced Time Leave)  
I am requesting the following intermittent or reduced time schedule for the duration of my leave:

\_\_\_\_\_  
Please refer to reverse of form for explanation.

Section Six: Documents Required for Approval of Your Request  
The documents indicated in Section Two:

are included      or       will be sent within 15 days of the date of this request.

Section Seven: Signatures/Approvals  
I have read and understand the information on the reverse side of this form.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor's Signature/Date

\_\_\_\_\_  
Other Departmental Signatures

\_\_\_\_\_  
Supervisor's Phone Number

PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE

Note: Once your leave notification or request has been reviewed, you will receive written confirmation from the Office of Personnel.

**Eligible Employee:** An employee is eligible for Family and Medical Leave only if employed for 50% or more time schedule and for 12 months or more before the leave begins. Eligibility for Family and Medical Leave begins after three continuous days of absence for the following qualified reasons.

**Definition:** **Medical Leave (FMLA)** Birth or Employee's Own Serious Health Condition  
 A serious health condition means a condition that involves inpatient care or continuing treatment by a health care provider. When a leave is for a serious health condition, an employee will be required to provide medical certification from the employee's health care provider.

In conjunction with obtaining medical verification for an employee's Medical Leave, the employee's current job description must be provided to the employee's health care provider.

The employees may be required to obtain another opinion from a physician designated by the University for a second opinion. A third option of a physician may be required if the first two are in conflict. The third physician will be one selected and agreed to by the employee and the University.

The employee may also be required to provide medical certification during the course of the leave and prior to the return from leave.

**Personal Leave (FMLA)** Care of Family Member with Serious Health Condition  
 Entitlement to the leave is subject to medical verification concerning the medical condition of the family member and certification that the employee's presence is necessary or would be beneficial for the family member's care.

Adoption, Care of Newborn Child Born to Spouse, or Foster Care Placement of a Child

**Intermittent or Reduced Leave (FMLA)** Under FMLA an employee may take intermittent leave or may work on a reduced schedule to reduce the usual number of hours worked per day or days per week. Intermittent or reduced leave schedules are subject to employer approval unless medically necessary.

**Employee Notice:** When a medical or personal leave is foreseeable, an employee must give 30 days advance notice; otherwise, the employee must give as much notice as practicable.

**SUMMARY:** UP TO 12 WEEKS OF FAMILY AND MEDICAL LEAVE DURING A 12 MONTH PERIOD MAY BE TAKEN FOR ANY ONE OR ANY COMBINATION OF THE FOLLOWING QUALIFYING EVENTS.

**QUALIFYING EVENT:**

BIRTH OR CARE OF NEWBORN CHILD OR ADOPTION OR FOSTER CARE PLACEMENT OF CHILD				
Female Employee	Male Employee	All Employees	MEDICAL LEAVE FOR EMPLOYEE WITH SERIOUS HEALTH CONDITION	PERSONAL LEAVE TO CARE FOR FAMILY MEMBER WITH SERIOUS HEALTH CONDITION
<b>PREGNANCY, PHYSICALLY GIVING BIRTH AND CARE OF WELL NEWBORN CHILD</b>  For 1st 8 weeks, accrued sick leave is applied.  If sick leave is exhausted before end of 8 week period, accrued vacation leave, personal days and available compensatory time off must be utilized.  For remaining 4 weeks available under FMLA, accrued vacation leave, personal days and available compensatory time off must be utilized. With approved medical certification, accrued sick leave will be applied if mother or child is ill.  When available paid absences are exhausted, then balance of leave will be taken as unpaid.	<b>CARE OF WELL NEWBORN CHILD BORN TO SPOUSE</b>  For available 12 weeks of leave, employee must utilize accrued vacation leave, personal days and available compensatory time off. Accrued sick leave cannot be applied.  When available paid absences are exhausted, then balances of leave will be taken as unpaid.	<b>ADOPTION OR FOSTER CARE PLACEMENT OF CHILD</b>  For available 12 weeks of leave, employee must utilize accrued vacation leave, personal days and available compensatory time off. Accrued sick leave cannot be applied.  When available paid absences are exhausted, then balances of leave will be taken as unpaid except if child is ill.	<b>MEDICAL LEAVE FOR EMPLOYEE WITH SERIOUS HEALTH CONDITION</b>  For available 12 weeks of leave, employee must first utilize all available sick leave.  When sick leave is exhausted, accrued vacation leave, personal days and compensatory time off must be utilized.  When available paid absences are exhausted, then balance of leave will be unpaid.  Long term disability is available as described in the Benefit's Handbook.	<b>PERSONAL LEAVE TO CARE FOR FAMILY MEMBER WITH SERIOUS HEALTH CONDITION</b>  For available 12 weeks of leave, employee is entitled to utilize all available sick leave if family member resides in the same household.  When sick leave is exhausted, or when the employee has chosen not to use sick leave for this purpose, accrued vacation leave, personal days and compensatory time off must be utilized.  If family member does not reside in the same household, sick leave cannot be utilized. Employee must utilize accrued vacation leave, personal days, and available compensatory time off.  When available paid absences are exhausted, then balance of leave will be unpaid.

**TYPE OF LEAVE TO BE UTILIZED BY EMPLOYEES**

**UNIVERSITY SICK LEAVE USE POLICY** An employee may use accrued leave for personal illness or injury or for the care of an ill member of the immediate family living in the same household (spouse, parents, parents-in-law, grandparents, brothers, sisters, and children).

**OTHER PERSONAL LEAVE (not FMLA qualified)** An employee may request a personal leave or absence from work without pay for a consecutive period of time between eleven work days and three calendar months, which may be granted after an employee has exhausted available vacation leave, personal days or applicable and available compensatory time.

**NOTE:** For employees represented by collective bargaining agreements, please refer to the leave of absence section in appropriate contract

