

# Application For Leave Faculty



Please complete this form **every time an absence is necessary**, and as far in advance as possible. Turn this form into the **Business Office**, and it will be forwarded to the appropriate administrator for approval, and substitutes arranged upon approval.

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Substitute Needed:** \_\_\_\_\_ **Will Substitute be Covered by:** \_\_\_\_\_

Yes **Periods Needing Coverage:** \_\_\_\_\_  Grant  
 No  Other(specify): \_\_\_\_\_  
 \_\_\_\_\_

**Date(s) of Leave Requested:** \_\_\_\_\_

**Total Days:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

In compliance with Florida School Laws, Department of Education Regulations and the Policies of the University of Florida, I hereby make application for leave as follows:

Sick Leave  Personal Leave  
 Temporary Duty On/Off Campus  Jury Duty

**FMLA Qualifying Absence:**  Yes  No (consult FMLA policy)

**Explanation of Absence:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Administrator Signature**

Faculty receive up to 5 personal days each year. Days taken as personal days and outside consulting are deducted from your sick leave balance.

## FMLA

### IMPORTANT NOTICE TO EMPLOYEES REGARDING FMLA LEAVE (Family and Medical Leave Act)-QUALIFYING EVENTS INCLUDE:

1. Becoming a biological parent, a child being placed in your home pending adoption, or foster care.
2. To care for your immediate family member (your parent, child, or spouse) with a serious health condition as defined by the FMLA.
3. A serious health condition, as defined by the FMLA, is one that makes you unable to perform the essential functions of your job.

Except as explained below, eligible employees have a right under the FMLA for up to 12 workweeks of unpaid leave in a 12-month period for the reasons listed above. You may elect to substitute accrued paid leave for unpaid FMLA leave in accordance with the usual requirements and procedures for using accrued paid leave. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

Medical certification is required for all absences due to injuries or illnesses defined as serious by the FMLA regardless of whether the patient under medical care (either the employee or a member of the employee's family) meets the FMLA's definition of family or the university's broader definition of "immediate family." Medical certification must be furnished within 15 calendar days after the request for the leave is made, unless it is not practicable to do so despite diligent, good faith efforts. If medical certification is not furnished within the timeframe as described above the commencement of the leave may be delayed. If medical certification is never provided the absence is not considered FMLA leave.

Contact the University Benefits Department for information on how your insurance benefits may be affected while on paid or unpaid leave of absence.

You may be required to provide appropriate certification that you are able to return to work prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

If the need for FMLA leave is foreseeable, you must provide the University of Florida at least 30 days advance notice before the leave is to begin. If 30 days notice is not practicable (for example, a medical emergency or change in circumstances) notice must be given as soon as practicable. If you fail to provide the University of Florida proper notification as described above, the commencement of the leave may be delayed.

You are required to report periodically on your status and intent to return to work while on FMLA leave. These updates will be required weekly unless you and your supervisor have agreed otherwise.

### OTHER LEAVE POLICY HIGHLIGHTS

This application for leave form should be used to document an employee's absence from work when the length of the absence is 15 days or less. Only one period of absence (occurrence) may be entered on the application for leave form; however, more than one type of leave may be used during an absence. If the employee returns to work and later must be absent again, a second application for leave must be submitted for the second absence from work. In all cases, the application for leave should match the employee's time-worked record.

For absences greater than 15 days, complete a Request for Extended Leave of Absence form, an Intermittent Use of Paid Leave Application, and a Certification of Health Care Provider form, as appropriate.