

The University of North Carolina at Asheville
Office of Human Resources

MEDICAL LEAVE REQUEST FORM

NOTE: For use only with requests for Family & Medical Leave, Family Illness Leave, Voluntary Shared Leave, and/or Leave without Pay due to medical reasons. Use also for Major Disability, and Parental Leave. Refer to the appropriate policies for more information on eligibility and restrictions. Not for use with routine sick leave.

Date of Request: New Request Supplement to Previous Request

I. EMPLOYEE DATA

Employee Name:			
Dept. Name:		Dept #:	
Building and CPO#:		Work Phone:	
Home Address:		Home Phone:	
Appointment:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> SHRA <input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time – Hrs/Wk:
Supervisor:			Spvsr Phone:

II. MEDICAL CONDITION INFORMATION

Leave Selections (check all that apply):	Reason(s) for Requiring Leave:
<input type="checkbox"/> Family & Medical Leave	<input type="checkbox"/> Serious Health Condition of the Employee
<input type="checkbox"/> Family Illness Leave	<input type="checkbox"/> Serious Health Condition of a:
<input type="checkbox"/> *Voluntary Shared Leave (VSL)	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Covered Military Member
<input type="checkbox"/> Military Caregiver Exigency	<input type="checkbox"/> Qualified Exigency for National Guard or Reserves
*By requesting Voluntary Shared Leave, I hereby authorize the University to disclose my need for donated leave. I further understand that my medical condition will not be shared.	<input type="checkbox"/> New Child:
	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care Placement

Attach Medical Certification Form(s) if required:	Second Medical Certification Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Exam:	
	Third Medical Certification Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Exam:	

III. MEDICAL LEAVE REQUEST

If requesting a medical leave of absence:	Start Date:		End Date:	
If requesting a reduced work schedule:	Start Date:		End Date:	
	Hrs/Week:		Work Schedule:	
If requesting an intermittent work schedule:	Start Date:		End Date:	
Expected Frequency of Absences:				
Expected Duration of Absences:				

IV. Employee Signature

Do you want to exhaust leave? YES NO If uncertain, please contact Leave Coordinator in HR to review leave options.

Employee's Signature	Date

V. DEPARTMENTAL LEAVE AUTHORIZATION

Shared Leave Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Leave without Pay Period to be Covered:	Start Date:	End Date:
Total Hours of Shared Leave Authorized:		
Supervisor's Signature	Second-Level Supervisor's Signature	
Date	Date	

VI. ROUTING OF DOCUMENTATION**FOR SHRA & EHRA NON-FACULTY:**

Return this Leave Request Form along with Medical Certification Form(s), Leave Records, and any supporting documentation to: **Melanie Johnson, Benefits Specialist, Human Resources, Room 108 Phillips Hall, CPO 1450, One University Heights, Asheville, NC 28804-8503; mjohns15@unca.edu**

VII. FOR OFFICE USE ONLY

Family & Medical Leave:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Notes/Comments
Family Illness Leave*:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	
Voluntary Shared Leave:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	
Signature – Human Resources:	Date:	Review

*Note: If eligible for FMLA, the employee must exhaust FMLA prior to using the Family Illness Leave option.