Request for FMLA Leave

Name _____ Date _____

☒ Great Bay Community College

In accordance with the Family Medical Leave Act (FMLA) which requires that when leave can be anticipated, employees shall notify employers 30 days in advance, I hereby request that my upcoming medical leave be designated as FMLA qualifying.

I understand that I am eligible for FMLA when I have completed 12 months and 1,250 hours of service, during the twelve (12) consecutive months immediately before the leave, with the State of New Hampshire. FMLA allows for me to be absent from work for up to 12 weeks in a 12 month period due to my own serious health condition, to care for an immediate family member with a serious health condition, or for birth or adoption of a child. Leave may be taken on a consecutive or intermittent basis and may be paid or unpaid based on accrued leave. If this request for leave is deemed FMLA qualifying, I understand that the time designated as FMLA will be effective the first day of my absence from work due to this event. I also understand that CCSNH shall require medical certification of the need for leave.

I authorize my physician/practitioner to release medical information to CCSNH pertinent to the diagnosis, treatment plan, and probable duration of my medical condition or need for accommodation(s), if any, as it relates to my ability to perform the essential functions of my position.

_____ _____

Employee Signature Date

Date(s) of Requested Leave: From _____ To _____

Reason Leave Requested:

- ☐ My own serious health condition
- ☐ To care for an immediate family member (parent, child, spouse) with a serious health condition.
- ☐ Birth or adoption of a child. (Intermittent leave is not permitted for birth or adoption.)

I understand that requests for FMLA leave may be denied for the following reasons:

- Failure to complete required eligibility period.
- Failure to produce adequate medical certification.
- Reason for requested leave does not qualify under FMLA.
- Exhaustion of FMLA leave during the 12 months prior to the anticipated leave.

_____ _____

Employee's Signature Date

For Office Use Only - Do Not Write Below This Line

FMLA Leave Granted: Date _____/_____/_____

FMLA Leave Denied: Date _____/_____/_____Reason_____

College Appointing Authority Signature_____ Date_____/_____/_____

cc: CCSNH Human Resources/Payroll Department