



State of Connecticut Human Resources
Employee Request

**For Leave of Absence under the Federal Family and Medical Leave Act (FMLA)
 and/or State C. G. S. 5-248a (Family and medical leave from employment)
 (To be completed by Employee)**

Form #: **FMLA-HR1**
 Revision Date: 3/2013

Please read carefully the information regarding your family/medical leave entitlements under federal (FMLA) and state (C.G.S. 5-248a) law. Then complete this form (pages 1 – 4) and return it to your agency’s Human Resources Unit. Be sure to attach or provide promptly any required documentation.

Under federal FMLA, employees are entitled to take up to 12 weeks of unpaid leave in a 12-month period provided they meet eligibility and reason for leave requirements. Additionally, permanent state employees have an entitlement of up to 24-weeks of unpaid family medical leave in a two-year period. You may be eligible for leave under one or the other law, under both or none. Depending upon several factors, if you are eligible under both and the reason for leave qualifies under both laws, the leave may count simultaneously toward both entitlements.

Military Family Leave: Federal: Eligible employees who are family members of covered servicemembers (including covered veterans) will be able to take up to 26 workweeks of unpaid federal FMLA leave in a “single 12-month period” to care for a covered servicemember or a covered veteran with a covered serious illness or injury incurred or aggravated in the line of duty on covered active duty and/or up to 12 workweeks of unpaid federal FMLA leave because of any qualifying exigency arising out of the fact that employee’s spouse, son, daughter, or parent is a covered servicemember on covered active duty. **State:** Eligible employees will be able to take up to 26 weeks of unpaid leave in a two-year period to care for an immediate family member or next of kin who is a current member of the US Armed Forces, National Guard or military reserves and is undergoing medical treatment, recuperation or therapy, an inpatient, or on the temporary disability retired list for a serious illness or injury. Under both state and federal law, an employee can take caregiver leave only one time per covered servicemember, per injury.

Note: *A leave request based on an employee’s serious health condition or the serious health condition of an employee’s spouse, child or parent must be accompanied by a verifying medical certification from a licensed physician or other “healthcare provider.” (Form P-33A—Employee or Form P-33B—Caregiver)*

Note: *A leave request for “military family leave” must be accompanied by a certification (Form DOL-WH384 – Certification of Qualifying Exigency; Form DOL-WH385 Certification for Serious Injury or Illness of Current Servicemember; or Form DOL-WH385-V Certification for Serious Injury or Illness of a Veteran).*

Employee Name _____	Employee No. _____
Title _____	Supervisor _____
Employee’s Home Phone No. _____	Supervisor’s Phone No. _____
Work Location _____	Shift _____ Hours _____
Home Address _____	City _____
State _____	Zip Code _____

Reason for Request: *(Check reason)*

- birth of your child
- adoption of a child by you
- placement of a foster child with you *(federal only)*
- a serious health condition/serious illness that makes you unable to perform the essential functions of your job
- a serious health condition/serious illness affecting your **(check one)**
 - spouse
 - child
 - parent for which you are needed to provide care
- to serve as an organ or bone marrow donor *(state only)*
- Military Family Leave – because of a “qualifying exigency” *(federal only)* arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty.

_____ Military Family Leave – because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a _____ covered servicemember or _____ covered veteran (*federal only*) with a “covered serious injury or illness.”

Duration of Leave: (from) _____ (to) _____
(month/day/year) (month/day/year)

Does your spouse work for the State? _____ (yes) or _____ (no)

If yes, which agency? _____

If yes, will he/she be taking leave for the same purpose? _____ (yes) _____ (no)

Use of Accruals (*check as applicable*)

(1) Birth of Your Child

(a) **Mother** – Your absence for the “disability” portion of your pregnancy will automatically be charged to any accrued sick leave. Once you have exhausted your sick leave, you may use personal leave, vacation accruals, comp time or unpaid leave. Once you have completed the “disability” portion of your pregnancy (i.e., you have been certified as able to perform the requirements of your job by your attending physician), you may not use accrued sick leave. You may, however, use parental days, personal leave, vacation accruals, and/or comp time depending on your collective bargaining unit contract for the balance of your leave. This election must be made before you begin your leave. If you do not elect to substitute parental days, personal leave, vacation accruals or comp time, the leave will be unpaid.

(Answer “yes” or “no”) _____ I elect to use parental days to which I am entitled.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes”, fill in the amount of time you wish to use.

Parental Days: _____
Vacation Accruals: _____
Personal Leave: _____
Comp Time Leave Accruals: _____

(b) **Father/Spouse**–(*check*) _____ Married _____ Unmarried. You may elect to substitute 3 - 5 days of sick family leave and/or parental days depending on your collective bargaining contract, personal leave ,vacation accruals and/or comp time for unpaid leave.

(Answer “yes” or “no”) _____ I elect to use parental days to which I am entitled.

(Answer “yes” or “no”) _____ I elect to use sick family days to which I am entitled.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in amount of time you wish to use:

Parental Days: _____
Sick Family Days: _____
Vacation Accruals: _____
Personal Leave: _____
Comp Time Leave Accruals: _____

(2) Adoption (both State & Federal) or placement of a foster child with you (federal only)

You may elect to substitute 3 - 5 days of sick leave (parental days) for adoption depending on your collective bargaining contract, and/or personal leave, vacation accruals, comp time for unpaid leave.

(Answer “yes” or “no”) _____ I elect to use parental days for adoption to which I am entitled.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in amount of time you wish to use.

Parental Days (*adoption only*): _____
Vacation Accruals: _____
Personal Leave: _____
Comp Time Leave Accruals: _____

(3) Employee’s Own “Serious Health Condition”/ “ Serious Illness”

Absences for your own “*serious health condition*”/ “*serious illness*,” will be charged to your sick leave. Once your sick leave accrual has been exhausted, your 24-week state entitlement period will begin and you will have the option to use, personal leave, vacation accruals and/or comp time balances. This election must be made before you begin your absence period. Personal leave, vacation and comp time cannot be used to extend the leave entitlement.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in amount of time you wish to use.

Vacation Accruals: _____

Personal Leave: _____

Comp Time Leave Accruals: _____

If requesting “intermittent leave” or “reduced leave schedule”, complete **page 4**.

(4) “Serious Health Condition”/ “Serious Illness” of Spouse, Child, Parent

If your absence is to provide care for a *spouse, child or parent with a “serious health condition”/ “serious illness*”, you are entitled to use 3 to 5 days of sick leave per year for a family emergency, depending on your collective bargaining contract. After that time, you may elect to use personal leave, vacation accruals, and/or comp time. This election must be made before you begin your absence and this time cannot be used to extend the leave entitlement.

(Answer “yes” or “no”) _____ I elect to use any remaining days of sick family leave which I am entitled.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in amount of time you wish to use.

Sick Family Days: _____

Vacation Accruals: _____

Personal Leave: _____

Comp Time Leave Accruals: _____

If requesting “intermittent leave” or “reduced leave schedule”, complete **page 4**.

(5) Serve as an organ or bone marrow donor (state only)

You may elect to substitute personal leave, vacation accruals and/or comp time for unpaid leave. This election must be made before you begin your absence.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in amount of time you wish to use.

Vacation Accruals: _____

Personal Leave: _____

Comp Time Leave Accruals: _____

(6) Military Family Leave: “Covered Serious Injury or Illness of a Covered Servicemember or a Covered Veteran (federal only)”

If your absence is to provide care for a _____ covered servicemember or a _____ covered veteran (*federal only*) with a “covered serious injury or illness”, who is a member of your immediate family, as defined in your collective bargaining contract or other policies, you are entitled to use 3-5 days of sick leave per year for a family emergency. After that time, you may elect to use personal leave, vacation accruals and/or comp time for unpaid leave. This election must be made before you begin your absence.

(Answer “yes” or “no”) _____ I elect to use any remaining days of sick leave which I am entitled.

(Answer “yes” or “no”) _____ I elect to use vacation, personal, and/or comp time leave accruals.

If “yes,” fill in the amount of time you wish to use.

Sick Family Days: _____

Vacation Accruals: _____

Personal Leave: _____

Comp Time Leave Accruals: _____

If requesting “intermittent leave” or “reduced leave schedule”, complete **page 4**.

(7) Military Family Leave: “Qualifying Exigency” (federal only)

If your absence is because of a “qualifying exigency” arising out of the fact that your spouse, son, daughter, or parent is a covered servicemember on covered active duty, your leave is unpaid. For use of vacation leave accruals, personal leave or comp time, you must follow your collective bargaining contract or other policies. If granted per contract or policy, the election must be made before you begin your absence.

(Answer “yes” or “no”) _____ I elect to use vacation, personal and/or comp time leave accruals.

If “yes,” fill in the amount of time you wish to use.

Vacation Accruals: _____

Personal Leave: _____

Comp Time Leave Accruals: _____

If requesting “intermittent leave” or “reduced leave schedule”, complete the information below.

Intermittent*/Reduced Schedule Leave (federal only):**

Under federal FMLA, under certain conditions, leave can be taken intermittently or on a reduced leave schedule for:

- A “serious health condition” (child’s, spouse’s, parent’s or employee’s).
- Military Family Leave – to care for a covered servicemember or covered veteran with a “covered serious illness or injury.”
- Military Family Leave – because of a “qualifying exigency.”

State family/medical leave law (C.G.S. 5-248a) contains no provision for intermittent or reduced leave. However, General Letter No. 217-A outlines the procedures under which a full-time employee may return from a medical or maternity leave on a part-time basis.

(Answer “yes” or “no”) _____ I am requesting authorization for “intermittent leave”*, **or**

(Answer “yes” or “no”) _____ I am requesting authorization for “reduced leave” schedule”.**

If yes, explain. _____

* “Intermittent leave” is leave taken in separate blocks of time due to a single qualifying reason.

** “Reduced leave schedule” is a leave schedule that reduces an employee’s usual number of working hours per work-week, or hours per workday. It is a change in the employee’s schedule for a period of time, normally from full-time to part-time.

(Employee Signature/Agency)

(Date)

Return the completed form(s) to your agency human resources department:

Attention: _____

Agency: _____

Address: _____
