UNIVERSITY of SOUTH FLORIDA

DIVISION OF HUMAN RESOURCES

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HEALTH: 813.974.0489 / MDC62 FMLA@USF.EDU

EMPLOYEE REQUEST FOR FMLA LEAVE

Date: _____ GEMS Employee ID: _____

Employee Name: _____ Department: _____

Supervisor's Name: _____ Supervisor's Email: _____

Preferred Method for Correspondence: (Choose one & provide address)
☐ Email: _____
☐ Mail: _____

Reason for requested leave, in accordance with FMLA provisions:

☐ The birth of my child **
☐ Placement of child with me for adoption or foster care **

** If Spouse is a USF employee, provide full name: _____

☐ My serious health condition

☐ A serious health condition affecting my: ☐Spouse ☐Child ☐Parent** ☐*In loco parentis*

☐ Military Caregiver: ☐Spouse ☐Child ☐Parent ☐Next of kin

☐ Military Exigency: ☐Spouse ☐Child ☐Parent ☐Next of kin

I request the leave to be:

☐ Continuous - absence that is three days or longer in a single occurrence

Start / anticipated start date: _____ (mm/dd/yyyy) End / anticipated end date: _____ (mm/dd/yyyy)

☐ Intermittent - absence has periodic occurrences with time worked between absences

Start / anticipated start date: _____ (mm/dd/yyyy) End / anticipated end date: _____ (mm/dd/yyyy)

I understand by submitting a request for FMLA-designated leave, I agree that I have read and understand the FMLA Guidelines and Considerations.

https://www.usf.edu/hr/documents/benefits/attendance-leave/fmla-guidelines-and-considerations.pdf

Employee Signature: _____

Submit via email to the campus office listed above or reach out to obtain alternative submittal options.