

Request for:

Date: _____

GEMS Employee ID: _____

Employee Name: _____

Department: _____

Supervisor's Name: _____

Supervisor's Email: _____

Employee Phone Number: _____

(Please provide the best contact number while out on leave)

 Preferred Contact Method while out on leave: Email: _____

 Mail: _____

Reason for requested leave:

- A previously approved FMLA case for the current fiscal year (7/1 through 6/30).
- A new FMLA case for the following reason:
 - 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 under 18 Child over 18 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. While on leave, I am not to work at USF or elsewhere.

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

*Cannot exceed beyond 6/30

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

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

*Cannot exceed beyond 6/30

 Parental Leave - absence for birth or adoption for a maximum of six months. This leave extends beyond the 12 weeks of FMLA. All employees are eligible for unpaid parental leave. Eligible faculty must complete a [Paid Parental Leave request form](#) along with applying for FMLA. See [Faculty Success](#) website for more information regarding Faculty Paid Parental Leave.

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

*End date must be on or before the end of the fiscal year (June 30th). A new FMLA request must be completed if additional FMLA is needed for the new fiscal year, beyond June 30th.

 I understand by submitting this request the Central Human Resources Leave team will first be determining if I am eligible for FMLA-designated leave, I agree that I have read and understand the [FMLA and Medical Leave of Absence Guidelines](#).

Employee Signature: _____

 St. Pete Campus Employees
 Submit to: STP-FMLA@USF.EDU

 Tampa Campus Employee Submit to: FMLA@USF.EDU
 Sarasota Campus Employees
 Submit to: SAR-SARASOTAHR@USF.EDU

 USF Health Employees
 Submit to: FMLA@USF.EDU