

**STATE OF VERMONT**  
**Employee Request for Family or Medical Leave**

This form is to be completed by the employee when requesting leave that qualifies as Family or Parental Leave. Family Leave is for an **EMPLOYEE'S OWN** "serious illness" or to care for a **FAMILY MEMBER** with a "serious illness." Parental Leave is for the birth of your child, your medical condition due to your pregnancy, or the placement of a child with you for adoption or foster care. Please consult the Collective Bargaining Agreement for definitions of terms used herein. No combination of paid and/or unpaid leaves may extend the leave beyond 12 weeks or 16 weeks for Parental leave beginning with the first day either type of leave is used during a 12-month period.

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

1. I hereby request approval for a **Family or Parental** leave, beginning on \_\_\_\_\_ (date). I expect the need for the leave to continue until about \_\_\_\_\_ (date), after which I intend to return to work. I expect that my need for leave during that period will be: **(mark appropriate block)**

- continuous
- intermittent **(IF YOU HAVE CHECKED THIS BOX COMPLETE SECTION 6 OF THIS FORM )**
- reduced scheduled leave **(IF YOU HAVE CHECKED THIS BOX COMPLETE SECTION 6 OF THIS FORM )**

2. I request **Family or Parental** leave for the following reason: (mark the appropriate category)

- the birth of my child, my medical condition due to my pregnancy, or the placement of a child with me for adoption or foster care;
- a serious health condition that makes me unable to perform my job;
- a serious health condition affecting my immediate family (as defined in the employee contract);
- a circumstance for which I am requesting **short-term parental/family leave**. (See 21 V.S.A. 472a).
- other (please explain).

3. I am aware that, if I am eligible under the State/VSEA Collective Bargaining Agreement and applicable statutes, I have the right:

- to take up to 16 weeks of unpaid Parental Leave in a 12-month period or 12 weeks of unpaid Family Leave in a 12-month period
- to use, at my option, up to six weeks of any accrued paid leave, including sick, annual, and personal leave and compensatory time, during such a leave, but that no combination of paid and unpaid leaves may extend the leave beyond 12 weeks or 16 weeks for Parental leave
- to request other types of paid or unpaid leave in accordance with the order of leave specified in the Collective Bargaining Agreement (s). Any request for an extension beyond the required Parental/Family Leave will be in accordance with the Collective Bargaining Agreement(s), or State Policies and Procedures, as applicable.

4. I am aware that the State of Vermont will count this leave against my parental or family leave entitlement under both the Family Medical Leave Act, 29 U.S.C. 2601, et. seq., and the Vermont Parental and Family Leave Act, 21 V.S.A. 470 et. seq., in circumstances where I qualify for leave under those statutes.

5. I am aware that I must furnish medical certification of any serious health condition that is the basis for my leave request, and that I may be required to provide re-certification as reasonably requested by my employer.

**(Mark, if applicable).**

- Certification of Health Care Provider form (Attachment ) is enclosed with this request.
- Certification of Health Care Provider form (Attachment ) will be provided by \_\_\_\_\_ (date).

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**6. INTERMITTENT LEAVE/ REDUCED SCHEDULE FOR TREATMENT:**

6a. This section must be completed if an employee is requesting **Intermittent or Reduced Scheduled Leave**. Intermittent or Reduced Scheduled Leave is when:

- An employee who qualifies for Family Leave may take the leave as intermittent leave or on a reduced schedule but only if it is medically necessary, or when providing care or psychological comfort to a family member.
- An employee is granted Parental Leave after the birth or placement of a child. The State, in its discretion, **may** grant the employee's request for intermittent leave or reduced schedule leave. Prior to the birth of a child, a pregnant employee can take intermittent leave for prenatal exams or for her own medical condition.

**6b. ABSENCE FOR TREATMENTS:**

I must be absent on an intermittent or reduced schedule basis because **I** or **my IMMEDIATE FAMILY MEMBER (circle one)** requires medical treatment. To the best of my knowledge, the following information about the expected treatments is true.

Number of treatments: \_\_\_\_\_  
 Frequency of treatments: \_\_\_\_\_  
 Dates of treatments: \_\_\_\_\_  
 Length of post-treatment incapacitation: \_\_\_\_\_

You must provide your supervisor with your new schedule and obtain approval. Your new schedule should include the approximate frequency, dates and times of leave.

**6c. ELECTIONS REGARDING LEAVE / SCHEDULE ADJUSTMENT:**

Employees on intermittent or reduced schedule leave must make certain elections in advance of the first day of such leave regarding the use of accrued leave balances and how the absence will be administered.

**YOU MUST INITIAL ONE OF THE FOLLOWING:**

- I elect to use accrued leave balances to cover all intermittent or reduced schedule absences. I presently have sufficient balances so that, along with accruals gained during the period of absence, I will not be off payroll. I understand that by avoiding unpaid absences, there will be no affect on my right to accrue leave or insurance benefits. A full-time employee is entitled to 480 hours of FMLA leave. Part-time employees (20 hours per week) are entitled to 240 hours of FMLA leave.
- I elect to use accrued leave balances, but I will not have enough to cover all expected periods of absence. I elect to be off payroll for any absences not covered by accrued leave. I understand that I will not accrue leave for any pay period during which I am off payroll 20 hours or more. A full-time employee is entitled to 480 hours of FMLA leave. Part-time employees (20 hours per week) are entitled to 240 hours of FMLA leave.
- I elect not to use accrued leave balances. I understand that I will not accrue leave for any pay period during this leave. A full-time employee is entitled to 480 hours of FMLA leave. Part-time employees (20 hours per week) are entitled to 240 hours of FMLA leave.

**NOTE:** All hours, paid or unpaid, that are not worked and differ from your previous work schedule will count towards your FMLA entitlement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL DOCUMENTATION RELATED TO FAMILY LEAVE MUST BE FORWARDED TO YOUR DEPARTMENT'S HUMAN RESOURCES SECTION FOR RECORD KEEPING. WRITTEN INFORMATION RELATED TO FAMILY LEAVE IS CONSIDERED CONFIDENTIAL AND IS KEPT IN A MEDICAL FILE IN YOUR DEPARTMENT'S PERSONNEL UNIT.**

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