



CHAMPLAIN COLLEGE

REQUEST FOR FAMILY OR MEDICAL LEAVE

The Family Medical Leave Act requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. U.S. employees are eligible if they have worked at least one year and for 1,250 hours over the previous 12 months, and will be calculated on a rolling calendar year.

Although not mandatory, it is recommended that you use accrued benefit time sequentially as noted below:¹

(1) Accrued sick leave (if applicable) (2) Personal leave and vacation days (3) Unpaid leave then commences

Employee Name <input style="width: 90%;" type="text"/>	Dept/Div <input style="width: 90%;" type="text"/>
Expected start date of leave <input style="width: 150px;" type="text"/>	Expected end date of leave <input style="width: 150px;" type="text"/>

TYPE OF LEAVE REQUESTED

Please state the expected number of days of each type requested

Vacation Sick Personal Unpaid

REASON FOR LEAVE

Check One Box

Pregnancy related*

Care of child (birth*, adoption, or foster care placement)

Care of spouse, child, parent or parent-in-law with serious health condition*

Personal serious health condition*

“Qualifying exigency” for spouse, son, daughter or parent of person on or called to active military duty

Caregiver leave for military service member (spouse, son, daughter, parent or next-of-kin)*

*May require completion of a Physician or Practitioner Certification Form.

Employee's Signature: _____ Date _____

APPROVED

GMHEC on behalf of CC _____ Date _____

¹ If you elect not to use accrued benefit time while out on leave and request time off at a later date, as in all cases when time off is requested, at your supervisor’s discretion your request may not be granted based upon the needs of the College.