University of Medicine and Dentistry of New Jersey

REQUEST FOR LEAVE OF ABSENCE

For Medical/Family Medical Leave (FMLA), Personal, Academic or Military

Types of Leave	Definitions	Paid or Unpaid	Eligibility	Maximum Time Allowed	Benefits	Required Documentation
Medical/ FMLA (self)	Absence from work for a specific period due to illness or injury (serious health condition)	[1]All accrued sick days must first be used; then, mandatory use of accrued float days followed by vacation days then unpaid.	Regular full or part time employees who work 20 hours or more a week employed for a minimum of 6 months; or full-time temporary employees employed a minimum of six (6) months.	Six (6) months within a rolling 12 months of application date; or if sick time accruals exceed 6 mos., then a max. of 12 mos.; includes paid and unpaid time	Accruals if paid status; no accruals if unpaid status, employee must prepay health/dental insurance premiums.	Certification from the employees health care provider, including medical facts supporting the leave, the date the leave is to commence, and the probable duration of the patient's incapacity to work.
Medical/ FMLA (family member)	Absence from work for a specific period due to serious illness of qualifying family member. ---------- Birth or Adoption	[2]Mandatory use of 10 sick days, then float holidays, then vacation accruals then unpaid. If a catastrophic illness (refer to policy). ---------- [3]Mandatory use of accrued float days followed by vacation days, then unpaid. *	Regular full or part time employees who work 20 hours or more a week employed for a minimum of 6 mos.; or full-time temporary employees employed a minimum of six (6) months.	Twelve (12) weeks	Accruals if paid status; no accruals if unpaid status, employee must prepay health/dental insurance premiums.	Birth or Adoption (birth certificate or adoption papers). Serious or catastrophic health condition of a family member (certificate from a certified health care provider including medical facts supporting the leave, the date the condition began, and the probable duration the patient will need care).

[1] For employees applying for NJ Short Term Disability – accrued sick time must be used first & exhausted.
[2] For employees applying for NJ Family Paid Leave, 10 days of accrued time benefits as above must first be used.
[3] For employees applying for NJ Family Paid Leave, 10 days of accrued time benefits as above must first be used.

Types of Leave	Definitions	Paid or Unpaid	Eligibility	Maximum Time Allowed	Benefits	Required Documentation
Personal	Absence from work for personal reasons.	Unpaid	Regular full or part-time employees who work 20 hours or more a week employed a minimum of six (6) months.	Up to 30 days within a rolling 12 mo. period.	No time accrual benefits. Employee must pre-pay health/dental insurance premiums.	Appropriate documentation supporting the need for a personal leave may be required.
Academic	Absence from work to pursue field of study related to University occupations.			Up to six (6) months within a rolling 12 mo. period		Proof of enrollment in an accredited educational institution.
Military	Absence from work to fulfill obligation to perform active duty "field training."	Paid or unpaid	No restrictions.	Two (2) weeks or more if required; not to exceed five (5) yrs. total.	Benefits continue until employee returns.	Proof of enlistment in the military or military orders. Documentation may be submitted after the leave commences.
Military Caregiver	Absence from work for a specific period due to serious illness of "covered servicemember"	Paid or unpaid	Regular full or part time employees who work 20 hours or more a week employed for a minimum of 6 mos.; or full-time temporary employees employed a minimum of six (6) months.	26 Weeks in a rolling 12 mo. period	Accruals if paid status; no accruals if unpaid status, employee must prepay health/dental insurance premiums	Certification from the servicemember's healthcare provider. Refer to Form WH 385
Military - Qualifying Exigency	Absence from work for Qualifying Exigency	Paid or unpaid	Regular full or part time employees who work 20 hours or more a week employed for a minimum of 6 mos.; or full-time temporary employees employed a minimum of six (6) months.	Up to twelve (12) weeks. Shorter time limits for some Exigencies; see FMLA policy	Accruals if paid status; no accruals if unpaid status, employee must prepay health/dental insurance premiums	Certification of Qualifying Exigency. Refer to Form WH 384