UMDNJ
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY

University of Medicine and Dentistry of New Jersey

REQUEST FOR LEAVE OF ABSENCE

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

Employee's Name: _____ University ID #: _____ Date of Hire: ____/ ____/ _____

Position Title: _____ Department: _____

Home Address: _____ Telephone: _____

Email: _____ Supervisor's Name & Telephone: _____

MEDICAL/FMLA LEAVE:

- ☐ Birth/Adoption/Foster Care
- ☐ Serious health condition of self
- ☐ Serious health condition of self - Maternity
- ☐ Serious health condition of family member
- ☐ Military-Caregiver
- ☐ Military-Qualifying Exigency

OTHER LEAVE TYPES:

- ☐ Personal
- ☐ Academic
- ☐ Military

Employees must select an option below. Selection cannot be changed and is irrevocable, unless your claim is denied by the State, or you have a change in circumstances.

For Medical Leave of Absence for **yourself**, once your sick time is exhausted, you will:

☐ Apply for NJ Short Term Disability

or

☐ Use all float and vacation days as per Medical/FMLA Leave of Absence policy

For Medical Leave of Absence for a serious health condition of **family member**, you will:

☐ Use ten (10) days of your accrued benefit time (sick, float or vacation) then apply for NJ Family Temporary Disability

or

☐ Use ten (10) sick days, all float and all vacation days as per Medical/FMLA Leave of Absence policy

For Medical Leave of Absence for **birth or adoption** of a child, you will:

☐ Use up to ten (10) days of your float and vacation accruals then apply for NJ Family Temporary Disability

or

☐ Use all float and vacation days as per Medical/FMLA Leave of Absence policy

DURATION OF LEAVE:

☐ Continuous LOA Start Date: ____/ ____/ _____

☐ Intermittent or Reduced Schedule Estimated Return Date: ____/ ____/ _____

First Day of Unpaid Status: ____/ ____/ _____

NOTE:
It is the employee's responsibility to make any necessary arrangements with the campus Human Resources Benefits Office to ensure continuity of health, life insurance and retirement benefits prior to beginning a leave and immediately upon return from leave. Depending on the duration of a leave of absence, an employee's health, life insurance and retirement benefits may be affected; if arrangements are not made, such benefits may cancel and employees may be subject to COBRA coverage.

Upon submission of this Request for Leave of Absence (if a Medical/FMLA leave) employees will receive a notification from the Human Resources Generalist.

SIGNATURES:

My signature below certifies that I have read and understand the above information as well as the UMDNJ Medical/FMLA Leave policy and to the best of my knowledge, all information I have provided or will provide supporting my request for leave is accurate.

Employee's Signature: _____ Date: ____/ ____/ _____

Supervisor/Department Head Signature: _____ Date: ____/ ____/ _____

Human Resources Generalist Signature: _____ Date: ____/ ____/ _____