

University of Tennessee at Chattanooga – Family and Medical Leave (FML) Request Form

To request Family and Medical Leave, complete this form. In addition, medical certification by a health care provider may be required by your supervisor/department head. If required, the certification must also be submitted to Human Resources. The Human Resources Office will forward copies of any approval letters to the employee, employee's supervisor/department head, and the University Payroll Office.

Name: _____ UT ID Number: _____

Department: _____ Cost Center: _____

Employment Date: _____ Check One: Biweekly Employee or Monthly Employee

Supervisor/Department Head: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Phone Numbers: Cell _____ Home _____ Work _____

FML Start Date: _____ FML End Date (If Known): _____

This request is for the serious health condition of (select one):

- Employee
- Spouse – Name _____
- Parent – Name _____
- Child – Name _____
Child's Date of Birth _____
- Covered Service Member – Name _____

If applicable, select one:

- Birth –
Date of Birth _____
- Adoption –
Date of Adoption _____
- Foster Care Placement –
Date of Placement _____
- Qualifying Exigency [Click here to enter](#)

I understand the University will pay the employer portion of the group medical insurance premium for up to 12 weeks of any leave which qualifies under the Family and Medical Leave Act of 1993, provided I pay the employee portion in advance to the University Payroll Office, by delivery to the UTC HR office. All other insurance plans must be fully paid by me. If I choose not to pay my medical and/or optional plan premiums, I understand my coverage will lapse during my leave without pay. I also understand I will not accrue leave or receive retirement creditable service while on leave without pay. I understand the time requested, paid or unpaid, will count against my 12-weeks of FML during this 12-month period.

I understand I am required to use any sick then annual leave concurrently with approved FML. I agree to record FML use along with any other accrued leave on my timesheet and will ask my timekeeper to enter FML leave along with any other accrued leave in IRIS. I have reviewed the policy regarding [Family Medical Leave and Insurance Guidelines](#) when on approved FML.

(Employee Signature)

(Date)

(Supervisor/Department Head Signature)

(Date)

(Human Resources Signature of Approval)

(Date)

Regular hours worked in prior 12 months: _____
(Minimum requirement = 1,250 Hours)

Is medical certification required? YES or NO