

**REQUEST  
FAMILY AND MEDICAL LEAVE**

\_\_\_\_\_  
Employee (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of First Day of Leave

\_\_\_\_\_  
Date of Last Day of Leave

Reason for Leave:

**I understand and acknowledge that:**

\* The leave must be requested thirty days in advance Or as soon as reasonably possible, if unforeseen).

\* Presently, Family Medical Leave (FMLA) is **unpaid**. However, if you are a staff member all accrued personal leave must be exhausted first, concurrent with this leave.

\* The maximum length of family/medical leave is twelve weeks (480) hours. The leave time taken will be counted against my FMLA leave entitlement.

\* Personal Leave benefits (if applicable) will not accrue during my family/medical leave, except the University's present contribution toward health and long-term disability plans, if presently enrolled. Full benefits will begin when I return to work.

\* Contributions to the retirement plan (which are based on pay) may be negatively impacted by any unpaid leave. Such leave may result in a "break of service" for the purposes of participation if, during the plan year that includes the unpaid leave of absence, fewer than 1,000 hours of creditable service is completed.

\* I may be required to pay my percentage of health premiums to Northwest University by the 25<sup>th</sup> of the month preceding each of the affected months if the wage replacement benefit received does not cover the required premium. If I do not do so, my health insurance coverage will lapse.

\* If I am enrolled and making contributions towards the cafeteria (125) plan (e.g. HSA or FSA), I must make my contribution to NU by the 25<sup>th</sup> of the month.

\* The University will return me to my previous, or an equivalent, position.

\* If my leave is for medical purposes for myself, a medical certification is required and a second medical opinion may be required. I must obtain a medical certification of ability to return to work without limitations.

\* If the leave is for the purpose of caring for a family member, a medical certification of the "serious health condition" is required, with re-certification every thirty calendar days.

\* If I do not return to work at the stipulated time, I will pay back to the University all of the health premiums and HSA deposits it contributed for my health insurance during this leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date