

**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 25th 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 25th 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