



State of Connecticut Human Resources
Employee Request

For Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State Family/Medical Leave (C.G.S. 5-248a)
(To be completed by Employee)

Form #: **FMLA-HR1**
 Revision Date: 11/2016

Please read carefully the information regarding your family/medical leave entitlements under federal (FMLA) and state (C.G.S. 5-248a) law. Then complete this form (pages 1 – 3) and return it to your agency’s Human Resources Department. Be sure to attach or provide promptly any required documentation.

Standard Family/Medical Leave: Federal FMLA: Employees are entitled to take up to 12 workweeks of unpaid leave in a 12-month period provided they meet eligibility and reason for leave requirements. **State:** Permanent state employees have an entitlement of up to 24 workweeks of unpaid family medical leave in a two-year period. You may be eligible for leave under one or the other law, under both or none. Depending upon several factors, if you are eligible under both laws and the reason for leave qualifies under both laws, the leave may count simultaneously toward both entitlements.

Required Documentation:

- Form P-33A - Employee: Employee's own serious health condition/illness**
- Form P-33-B - Caregiver: Serious health condition/illness of employee's spouse, parent or child**

Military Family Leave: Federal FMLA: Eligible employees who are family members of covered servicemembers (including covered veterans) will be able to take up to 26 workweeks of unpaid federal FMLA leave in a “single 12-month period” to care for a covered servicemember or a covered veteran with a covered serious illness or injury incurred or aggravated in the line of duty on covered active duty and/or up to 12 workweeks of unpaid federal FMLA leave because of any qualifying exigency arising out of the fact that employee’s spouse, son, daughter, or parent is a covered servicemember on covered active duty. **State:** Eligible employees will be able to take up to 26 weeks of unpaid leave in a two-year period to care for an immediate family member or next of kin who is a current member of the US Armed Forces, National Guard or military reserves and is undergoing medical treatment, recuperation or therapy, an inpatient, or on the temporary disability retired list for a serious illness or injury and/or up to 24 workweeks of unpaid state leave in a two-year period because of any qualifying exigency arising out of the fact that employee’s spouse, son, daughter, or parent is a covered servicemember on covered active duty.

Under both **state** and **federal** law, an employee can take caregiver leave only one time per covered servicemember, per injury.

Required Documentation:

- Form DOL-WH384: Certification of Qualifying Exigency**
- Form DOL-WH385: Certification for Serious Injury or Illness of Current Servicemember**
- Form DOL-WH385-V: Certification for Serious Injury or Illness of a Veteran**

Employee Name _____	Employee No. _____
Title _____	Supervisor _____
Employee’s Home Phone No. _____	Supervisor’s Phone No. _____
Work Location _____	Shift _____ Hours _____
Home Address _____	City _____
State _____	Zip Code _____

REASON FOR LEAVE: *(Check reason)*

- birth of your child
- adoption of a child by you
- placement of a foster child with you *(federal only)*
- a serious health condition/serious illness that makes you unable to perform the essential functions of your job
- a serious health condition/serious illness affecting your **(check one)**
 - spouse child parent for which you are needed to provide care
 - to serve as an organ or bone marrow donor

_____ Military Family Leave – Qualifying Exigency - arising out of the fact that
your _____ spouse; _____ son or daughter; _____ parent is on covered active duty.

_____ Military Family Leave – Caregiver - because you are the _____ spouse; _____ son or daughter; _____ parent;
_____ next of kin of a _____ covered servicemember or _____ covered veteran (*federal only*)
with a “covered serious injury or illness.”

Duration of Leave: (*from*) _____ (*to*) _____
(month/day/year) (month/day/year)

Does your spouse work for the State? _____ (*yes*) or _____ (*no*)

If YES: Spouse’s Name: _____ Spouse’s Agency: _____
Will he/she be taking leave for the same purpose? _____ (*yes*) _____ (*no*)

TYPE OF LEAVE REQUESTED: (Check applicable box)

- Block Leave:** A one-time continuous absence for a single qualifying reason. (e.g., one month)
- Intermittent Leave:** Leave taken in separate blocks of time due to a single qualifying reason.
- Reduced Schedule Leave:** A leave schedule that changes the employee’s normal work schedule for a period of time by reducing the employee’s usual number of working hours per workweek or hours per workday.

NOTE:

Under **federal FMLA**, intermittent leave and reduced schedule leave are available only for an employee’s own serious health condition, a serious health condition of the employee’s spouse, parent or child, military caregiver leave and qualifying exigency leave.

Under the **state family/medical leave act**, intermittent and reduced schedule leave is available **only** for qualifying exigency leave.

Please describe your leave request:

USE OF ACCRUALS:

- **The choice to use your accruals during your absence must be made before you begin your leave.**
 - **If you want to change your accrual designation, you must contact your Human Resources Department.**
 - **Accrual changes will be applied prospectively.**
- **If the reason is for your own serious illness:**
 - **Sick leave accruals must be used.**
 - **Sick leave accruals must be exhausted before other earned accruals can be used.**
- **If you do not elect to use your accruals, the leave will be unpaid.**
- **If you choose not to use all of your accruals or if your accruals are exhausted before the leave ends, the remainder of the leave will be unpaid.**
- **If you elect to use your accruals, that paid time is spent down completely before you go into unpaid status.**
- **You cannot intermingle unpaid time with paid time.**

Fill In Chart: You must designate the number of days, or hours, or you may indicate “ALL available”.

USE OF ACCRUALS	Vacation Accruals	Personal Leave	Comp Time Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
REASON	Days/Hours	Days/Hours	Days/Hours	Days/Hours	Days/Hours
Birth of Child – Biological Mother (after sick time is exhausted)				Not Applicable (unless child is sick)	
Birth of Child – Married Other Parent				(To care for biological mother and/or sick child)	
Birth of Child – Unmarried Other Parent				Not Applicable (unless child is sick)	
Adoption				Not Applicable (unless child is sick)	
Placement of a Foster Child				Not Applicable (unless child is sick)	Not Applicable
Employee’s Own Serious Health Condition/Serious Illness (after sick time is exhausted)				Not Applicable	Not Applicable
Serious Health/Serious Illness of Spouse, Child, Parent					Not Applicable
Organ or Bone Marrow Donor				Not Applicable	Not Applicable
Military Family Leave: Caregiver - Covered Serious Injury/Illness of a Covered Servicemember or a Covered Veteran					Not Applicable
Military Family Leave: Qualifying Exigency				Not Applicable	Not Applicable

(Employee Signature/Agency Name)

(Date)

Return the completed form(s) to your agency Human Resources Department:

Attention: _____

Agency: _____

Address: _____