



## Request for Personal Leave

<b>Date Prepared:</b> <input style="width: 95%;" type="text"/>			<b>Department:</b> <input style="width: 95%;" type="text"/>		
<b>Leave Begins:</b>	<b>Date</b> <input style="width: 95%;" type="text"/>	<b>Time</b> <input style="width: 95%;" type="text"/>	<b>Leave Ends:</b>	<b>Date</b> <input style="width: 95%;" type="text"/>	<b>Time</b> <input style="width: 95%;" type="text"/>

TYPE OF REQUEST	Hours	PURPOSE OF LEAVE
<input type="checkbox"/> Leave without pay <sup>1</sup>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Emergency illness or injury <sup>2</sup> <input type="checkbox"/> Death of family member – specify relationship below: <input style="width: 95%;" type="text"/> <input type="checkbox"/> Other, please specify below: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Emergency leave	<input style="width: 80%;" type="text"/>	
<input type="checkbox"/> Other (see Administrative Procedure 10.16), please specify below: <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	

<sup>1</sup> **Note:** To receive holiday pay, an eligible employee must work or be in a paid leave status at least part of his/her last regularly scheduled workday immediately before the holiday and at least part of his/her first regularly scheduled workday after the holiday. Regulation [31.03.04](#) Leave of Absence without Pay.

<sup>2</sup> **Note:** If you do not qualify for FMLA and you are taking leave due to the birth of a child or adoption of a child younger than 3 years, you may take up to 12 weeks of parental leave.

### NOTICE TO EMPLOYEES <sup>3</sup>

This leave will  will not  be counted as part of your FMLA entitlement for the current fiscal year. If you do not provide appropriate FMLA medical certification for your absence or do not provide status updates as required, your leave will be charged to any vacation time you have earned and leave without pay. The leave will not be protected by the Family and Medical Leave Act, and you will not receive the State benefit contribution while on unpaid leave.

**Name (Type or Print):**

**Title:**  **UIN:**

Employee Statement: I certify that I have read and understand the information on the second page of this form. I further certify that I understand that my leave will count toward my Family and Medical Leave entitlement if the purpose of my taking leave fits one of the categories listed on the second page of this form. I also certify that I have specified the appropriate reason for my leave in the space provided above. If the leave is to care for my spouse, child, or parent who does not live in my home, I certify that I am requesting sick leave only for the time I am needed to provide care and assistance for a documented medical condition.

**Employee Signature:**  **Date:**

### APPROVALS

**Supervisor Approval:**  **Date:**

**Department Head Approval:**  **Date:**

*(If Associate Director or Director Approval Required)*

**Associate Director Approval:**  **Date:**

*(If Associate Director or Director Approval Required)*

**Director Approval:**  **Date:**

*(If Required)*

<sup>3</sup> **Note:** For leave without pay: ≤ 3 days – Supervisor approval; 4 to 9 days – Associate Director approval; 10 ≥ days – Director approval.

## Notice of Family and Medical Leave Usage and Obligations

If you have at least 12 months of state service and have worked for the state at least 1250 hours in the past 12 months, you are entitled to 12 weeks of Family and Medical Leave (FMLA) during the fiscal year. FMLA is not a paid leave by itself. It runs concurrently with your paid or unpaid leave benefits that qualify for FMLA coverage. Under FMLA, if the leave you have requested (whether sick leave, annual leave or other paid or unpaid leave) is due to one of the following reasons, this leave will count toward your entitlement for Family and Medical Leave during this fiscal year:

- Birth of a child\*
- Placement in your home of a child for adoption or state-certified foster care\*
- Your serious health condition (illness, injury, or pregnancy), or
- To care for your spouse, child or parent who has a serious health condition.

If you are applying for leave for one of these reasons, you must use all available paid leave before taking unpaid leave. However, you may only use paid sick leave for situations that are normally eligible for sick leave.

In addition to medical certification required for sick leave and/or sick leave pool, you must provide medical certification within 15 calendar days of the date of this form to your employing department if you are taking leave due to your own serious health condition or the serious health condition of your spouse, child or parent. Medical certification forms are available in two formats online:

1. [Medical Certification for Employee AG-521](#)
2. [Medical Certification for Family Member AG - 522](#)

Or you may contact your HR Representative at 979-845-9337 for assistance.

While you are on paid leave, your benefit coverages will continue and any premiums you normally pay for coverage will be deducted from your pay. If you take unpaid leave for one of the reasons stated above, the state will continue to pay its contribution toward your health coverage as long as you are covered under FMLA. However you must continue to pay your share of premiums or some of your benefit coverages may end. Only those benefits fully paid for by the state contribution will continue if you do not pay your share of the benefit premiums. You will receive a bill for these benefits each month while you are on leave without pay. You must pay the premiums within 30 days of the due date shown on the bill.

If your leave is due to a serious health condition, you must present a fitness for duty certificate from your doctor before you can return to work.

If you take leave for one of the reasons listed above, you will be reinstated to your job or similar job when you return from leave, unless you would not otherwise have been employed at that time.

You will be expected to check in with your supervisor periodically while on leave to inform him/her of your status and expected date of return. You may be asked to provide a recertification of your (or a family member's) medical situation each 30 days while you are on leave due to a serious health condition.

\*If you do not qualify for FMLA and you are taking leave due to the birth of a child or adoption of a child younger than 3 years, you may take up to 12 weeks of parental leave.

Provision	FMLA	Parental
Eligibility	12 months service and worked 1250 hours in last 12 months.	Less than 12 months service and/or less than 1250 hours worked in last 12 months. NOT eligible for FMLA.
Paid Leave	Must first use eligible paid leave.	Must first use eligible paid leave.
State Contribution for Benefits	Receive during unpaid leave.	Do not receive during unpaid leave.
Timing	Any time during 12 months after birth or adoption or for a serious health condition.	Must begin on day of birth or adoption.

Contact the Texas A&M Agrilife Human Resources Department at 979-845-9337 with questions about FMLA.