



State of Connecticut Human Resources
Employee Request

For Family and Medical Leave Entitlements

For information about specific leave entitlements, contact your Human Resources Office

(To be completed by Employee)

Form #: **FMLA-HRI**
 Revision Date: **3/2018**

| | |
|--|--|
| Employee Name _____ | Employee No. _____ |
| Official Job Title _____ | Agency _____ |
| Supervisor _____ | Supervisor Phone No. _____ |
| Work Location _____ | Shift _____ Hours _____ |
| Home Address _____ | |
| City _____ | State _____ Zip Code _____ |
| Employee's Personal Phone No. _____ | |
| Employee's Personal Email _____ | |

REASON FOR LEAVE: *(Check reason)*

For information about specific leave entitlements, contact your Human Resources Office

| | |
|---|--|
| <p>Personal Medical Leave (for your own serious health condition):</p> <p><input type="checkbox"/> My own illness or injury</p> <p><input type="checkbox"/> Disability period related to my pregnancy and childbirth</p> <p><input type="checkbox"/> Organ donor</p> <p><input type="checkbox"/> Bone marrow donor</p> | <p>Caregiver Leave (care for family member in connection with her disability period related to pregnancy and childbirth, or his or her organ or bone marrow donation, or other serious health condition):</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Parent-in-law <i>(State FMLA only)</i></p> <p><input type="checkbox"/> Child (under age 18 or age 18+ and incapable of self-care due to a disability)</p> |
| <p>Bonding Leave:</p> <p><input type="checkbox"/> Birth of child</p> <p><input type="checkbox"/> Adoption of child</p> <p><input type="checkbox"/> Placement of foster child <i>(Federal and state FMLA only)</i></p> | <p>Military Family Leave:</p> <p><input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of my spouse, parent, or son or daughter</p> <p><input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered servicemember</p> <p><input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered veteran <i>(Federal FMLA only)</i></p> |

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 all that apply)

- Block Leave:** A continuous absence for a single qualifying reason (e.g., one month).
- 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 day.
- Intermittent Leave:** Leave taken in separate blocks of time due to a single qualifying reason.

NOTE:

Intermittent leave and reduced schedule leave are not available in all situations. Availability of these types of leave depends upon the reason for leave and your eligibility for specific leave entitlements. Contact your Human Resources Office for more information.

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

Please describe your leave request:

REQUESTED 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 Office.
 - Accrual changes will be applied prospectively.
- If the reason is for your own personal medical leave:
 - 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 must be spent down completely before you go into unpaid status.
- You cannot intermingle unpaid time with paid time.
- Depending upon the reason for leave and your eligibility for specific leave entitlements, you may be allowed to use sick leave accruals for leave associated with bonding with a newborn child or newly placed adoptive child and for caregiver leave. Your Human Resources Office will notify you if you meet the criteria for use of sick leave accruals for these reasons.

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

| USE OF ACCRUALS | Sick Leave Accruals | Vacation Accruals | Personal Leave | Comp Time | Sick Family Days (based on bargaining unit contract) | Parental Days (based on bargaining unit contract) |
|--|----------------------------|--------------------------|-----------------------|-------------------|---|--|
| | Days/Hours | Days/Hours | Days/Hours | Days/Hours | Days/Hours | Days/Hours |
| PERSONAL MEDICAL LEAVE | | | | | | |
| My own illness or injury | | | | | Not Applicable | Not Applicable |
| Disability period related to my pregnancy & childbirth | | | | | Not Applicable | Not Applicable |
| Organ donor (<i>other than the paid leave entitlement of 15 days</i>) | | | | | Not Applicable | Not Applicable |
| Bone marrow donor (<i>other than the paid leave entitlement of 7 days</i>) | | | | | Not Applicable | Not Applicable |
| CAREGIVER LEAVE | | | | | | |
| Spouse (<i>including providing care to your wife during the disability period associated pregnancy and childbirth</i>) | | | | | | Not Applicable |
| Parent | | | | | | Not Applicable |
| Parent-in-law | | | | | Not Applicable | Not Applicable |
| Child | | | | | | Not Applicable |
| BONDING LEAVE | | | | | | |
| Birth of child | | | | | Not Applicable | |
| Adoption of child | | | | | Not Applicable | |
| Placement of foster child | | | | | Not Applicable | Not Applicable |

| USE OF ACCRUALS | Sick Leave Accruals | Vacation Accruals | Personal Leave | Comp Time | 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 | Days/Hours |
| MILITARY FAMILY LEAVE | | | | | | |
| Military Caregiver - Covered Servicemember | | | | | | Not Applicable |
| Military Caregiver - Covered Veteran | | | | | | Not Applicable |
| Qualifying Exigency leave | | | | | Not Applicable | Not Applicable |

(Employee Signature)

(Date)

Return the completed form(s) to your agency Human Resources Office.