



Family Medical Leave Application
Military Caregiver/Military Exigency Leave

Instructions

Please write legibly. Sign and submit the completed application to your supervisor and to Personnel. Keep a copy for your records. All required information must be submitted before your leave can be approved. You will be notified of your eligibility and approval.

<input type="checkbox"/> Military Caregiver Leave. You must submit certification form WH-385 and/or an ITO/ITA (invitational travel order/authorization). <input type="checkbox"/> Exigency Leave. You must submit certification form WH-384 and written documentation confirming the covered military member's orders and any other relevant documentation.	
Employee Name	Employee ID
Contact phone number during absence:	Personal e-mail:
Date of Request: <i>30 days required when foreseeable</i>	Work Schedule: Number of hours per day _____ Week 1 Circle Days: M T W Th F Sat Sun Week 2 Circle Days: M T W Th F Sat Sun
Department	Supervisor
Proposed Start Date of Leave: <i>Should be the first scheduled "work" day missed</i>	Projected Return Date/Duration of Leave:
Relationship of covered military member to you: _____ Can be: spouse, parent, son, daughter, (next of kin for caregiver only)	
*Reason for Leave/Details (for exigency leave, use form WH-384)	
Employee Acknowledgement and Agreement	

(Signature)

(Date)

Taking Leave

It is your responsibility to coordinate your leave with your supervisor. FML is an unpaid leave, but you are required to use available accrued leave during your FML absence. All time taken for this reason (including holidays) should be designated as such on your time sheet and will be counted against the maximum allowed. Your benefits will be maintained during your absence; you are responsible for your portion of the premiums. If your absence will be without pay (LWOP), contact Personnel. Exigency leave can be granted up to 12 weeks (15 calendar days maximum for R&R). Caregiver leave can be granted up to 26 weeks; FML granted for other reasons will be included in the 26 week maximum.

Questions?

Contact Personnel | Mindy Adams 801.451.3125 or Hollie Holley 801.451.3417

Personnel Office Use Only

Personnel Date Received	12 months employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Forms Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	1,250 hours worked in past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>See FML Notification Letter</i>	Start date if an FML year is active: