

Request for Family and Medical Leave

Qualifying Exigency Application

Please return the completed certification form to your supervisor within 15 calendar days of receipt of this application or the date condition commenced. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.

PART I is completed by the employee requesting leave

Employee Information:

If the applicant meets the eligibility requirements under the federal Family and Medical Leave Act (FMLA):

- The applicant a right to receive up to 12 weeks of unpaid leave in a 12-month period.
- If the applicant is currently receiving employer-paid health benefits coverage, he or she will be able to continue basic insurance coverage during FMLA leave. For questions, please contact HREmployee Benefits at (859) 257-9519, option 3.
- For information on FMLA and university policy, please refer to HR Policy 88.0 Family and Medical Leave Act. Policies are available online at www.hr.uky.edu.
- Send completed application directly to FML administration:

Fax: 859-257-2010 or 859-257-1679 Email: LeaveAdminFMLA@uky.edu

With questions, call FML administration at 859-323-0256 or 859-323-4259. **FOR FACULTY** Below is the link to policy and how to upload (portal) FML. For questions about Faculty FML, email facultyadv@uky.edu.

LINK: <https://ofa.uky.edu/policies-procedures/faculty-leaves-absence> **Fax:** 859-257-2987

PART I - TO be completed by Employee

Employee's name (please print):

Department:

Employee's Person ID:

Supervisor:

Employee's Phone #: Home/Primary:

Relationship of Employee to Covered Servicemember

Relationship: Parent (no parent-in-law) Spouse(husband/wife) Child Next of kin

Name of servicemember on active duty or call to active duty status in support of a contingency operation:

_____ (first)

_____ (middle)

_____ (last)

Regular hours per week:

40 37.5 30 20 Other

Days per week Scheduled to Work:

M-F Other

Work shift:

Days Evenings Nights
Other

I am requesting an intermittent work schedule (describe requested schedule):

If you are requesting a reduced or intermittent work schedule because of your own serious health condition, please provide your health care provider with a description of your job tasks. If you need assistance, contact your supervisor.

PART 1A - Covered Servicemember Information

Is the covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? Yes No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned:

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

A copy of the covered military member's active duty orders is attached.

Other documentation from the military certifying that the military member is on active duty (or has been notified of an impending call to covered active duty) is attached.

I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to active duty status.

