

Instructions for Completing the Medical Leave of Absence Request Form

Staff member/faculty should complete the Medical Request for Leave Form and submit it to his/her immediate supervisor (or directly to Employee Relations) within 30 days of anticipated need for leave. If the need for leave is unforeseen, the staff member/faculty must provide notice as soon as practical. If staff member/faculty informs the supervisor of the need for leave, but is unable or fails to complete the request form, the supervisor is expected to complete the form on behalf of the staff member/faculty. Completed forms should be sent to Employee Relations either by secure fax at 343-4204, electronically to employeerelations@vanderbilt.edu, or delivered to 1105 Oxford House.

In order to comply with the federal guidelines, *the staff member/faculty must be notified of his/her eligibility status within 5 business days of a request for medical leave under the Family and Medical Leave Act (FMLA)*. Therefore, the form must be submitted to Employee Relations as soon as the supervisor receives it or as soon as the supervisor becomes aware the staff member/faculty's need for leave.

Anticipated Leave Dates

List the dates your leave will begin and end. If you do not have the exact dates please give your best estimate. You may use this form to request continuous and intermittent leave. Continuous leave is defined as any leave taken within a specific set of dates (i.e. Nov. 1st thru Nov. 5th). Intermittent leave is defined as leave taken in intervals while continuing to work (e.g. reduced schedule, 1 day per week or month for an office visit, etc.).

Reason for Requested Leave

Staff member/faculty or immediate supervisor should check the box indicating the reason for the leave. For example:

If the request is for the birth, adoption or foster care of a child and the expectant parent wishes to take the additional leave granted by the State of Tennessee (TMLA) please check the box.

NOTE: For more information on TMLA, please read the Statutory Leaves of Absence Policy (HR-Policy 12A) <http://hr.vanderbilt.edu/policies/hr-012a.pdf> (press and hold your key [Ctrl] while clicking the link)

If the staff member/faculty is requesting leave to care for a family member, check the box 'qualifying family member' and indicate the staff member/faculty's relationship to the family member.

If the staff member/faculty's family member has been injured during military duty, check the box 'Military Caregiver' and indicate the staff member/faculty's relationship to the service member.

If the staff member/faculty's family member is being called to active duty, check the box 'Military Exigency' and indicate the staff member/faculty's relationship to the service member.

No medical explanations or medical documentation should be written or attached to this form.

Contact Information While on Leave

Please provide your home address, phone number and personal email address in case Vanderbilt needs to send information regarding your leave. All information will be sent electronically to the staff member/faculty's Vanderbilt Outlook account, but in cases when internet access is limited or non-existent, all correspondence will be sent via postal mail services.

Next Steps

Once this form is completed and sent to Employee Relations, the staff member/faculty and the immediate supervisor will be provided paperwork indicating eligibility and instructions to complete the medical leave process. For more information on the process, you may contact the Medical Leave of Absence Coordinator at 322-7441 or click on the following links:

Flow Chart - <http://hr.vanderbilt.edu/toolbox/documents/FMLAFlowchart.pdf>

HR – Policy 12A <http://hr.vanderbilt.edu/policies/hr-012a.pdf>

Medical Leave of Absence Request Form

Staff member/faculty's Information:

First Name _____ MI _____ Last Name _____ Employee ID _____

Department _____

Staff member/faculty's Supervisor/Manager _____ Phone Number _____

Leave Dates *(You may request continuous and/or intermittent leave via this form. Please give an est. if you don't know exact dates)*

Continuous Leave Beginning _____ Ending _____

Intermittent Leave Beginning _____ Ending _____

Please check the appropriate reason for Leave of Absence request:

- Staff Member/faculty's own medical condition
- Birth of the staff member/faculty's child (Check here if you intend to take TMLA.)
- Placement of a child with staff member/faculty for adoption or foster care (Check here if you intend to take TMLA.)
- To provide care for a qualifying family member with a serious medical condition:
 - Spouse
 - Same sex domestic partner (must be registered as domestic partners)
 - Child (Please provide age of child: _____)
 - Parent
 - Other (Please provide your relationship to this individual: _____)
- Military Caregiver (to provide medical care for a covered service member)
 - Spouse
 - Same sex domestic partner (must be registered as domestic partners)
 - Child
 - Parent
 - Next of kin (Please provide your relationship to this individual: _____)
- Military Exigency (call to active duty)
 - Spouse
 - Same sex domestic partner (must be registered as domestic partners)
 - Child
 - Parent

Contact Information (while on leave):

Address _____

Phone Number _____ Alt. Phone Number _____

Personal Email Address _____

I certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation concerning the above facts can result in disciplinary actions including, and up to, termination.

Name of Person Completing This Form _____ Date _____

Please submit this completed form to Employee Relations either by: delivery to 1105 Oxford House, secure Fax 343-4204 or electronically at employeerelations@vanderbilt.edu