



REQUEST FOR FAMILY AND MEDICAL LEAVE

Employee Name: _____ UT EID: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Other Phone: _____

Department Contact: _____ Office Phone: _____

Family and Medical Leave: *Family and Medical Leave may be used for the following circumstances (check appropriate box):*

- Birth and Care of your child or a child for whom you stand in loco parentis.***
- Adoption or Foster Care Placement of your child or a child for whom you stand in loco parentis.***
 - My child is either under age 18, or age 18 or older and “incapable of self-care because of mental or physical disability.” Age of child: _____
- Serious Health Condition**
 - My own
 - My spouse
 - My parent*
 - My child, who is either under age 18, or age 18 or older and “incapable of self-care because of mental or physical disability.” Age of child: _____
- Military Caregiver Leave***
 - I am the Spouse of the Service Member
 - I am the Parent or stand in loco parentis of the Service Member
 - I am the Son or Daughter of the Service Member
 - I am the Next of Kin of the Service Member
- Qualifying Exigency Leave**

*My Spouse is , is not , currently employed by UT Austin. The FMLA provides that spouses employed by the same employer are eligible for a combined allotment of leave for the categories (*) marked.

NOTE: *A leave request based on the birth of a child, an employee's serious health condition, or the serious health condition of an employee's spouse, child, or parent must be accompanied by a Certification of Health Care Provider Form. If the university has reason to doubt the validity of the certification, it will require the employee to obtain a second certification by a Health Care Provider designated or approved by the university. If the second certification differs from the first, the certification of a third Health Care Provider, jointly approved by the employee and the university, may be required and will be considered final and binding. Both the second and third certifications are at the university's expense.*

To take Military Caregiver leave, the medical certification provided by the military is sufficient.

FML is unpaid leave and, therefore, employees are required to use their available paid leave in conjunction with FML. If the employee exhausts their paid leave, then the employee will be placed on FML leave without pay status. This may affect other benefits. For more information, please contact 471-HRSC.

Employee Signature: _____ Date: _____

To be completed by Patient.

I authorize my licensed practitioner to release the completed Certification of Health Care Provider form to the administrators of the Family and Medical Leave Act at The University of Texas at Austin.

Patient Name: _____

Patient Signature: _____ Date: _____

Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu).