

Old Dominion University

Employee FMLA Leave Request

You have a right under the Family Medical Leave Act (FMLA) of 1993 to receive up to twelve weeks of unpaid leave in a designated 12 month period for the reasons listed below. For more information regarding FMLA, see ODU Policy #6050. To initiate a request for FMLA, please complete this form and return it to the Benefits Office via email at benefits@odu.edu or campus mail to Spong Hall within 30 days of your need for leave. The purpose of this form is to gather information about your request and determine eligibility for FMLA.

Employee Name: _____ UIN: _____
(Last, First, Middle)

ODU Date of Hire: _____

Employee Type: ☐Classified ☐Hourly ☐AP Faculty ☐Faculty ☐Adjunct Faculty

Department Name: _____ Job Title: _____

Essential Job Functions: _____

Work Phone: _____ Work Email: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Home Email: _____

Have you notified your supervisor of your need for FMLA? ☐Yes ☐No

Supervisor Name: _____ Phone: _____

Leave Category:

- | | |
|--|--|
| <input type="checkbox"/> VSDP (Virginia Sickness & Disability Program) | <input type="checkbox"/> ODU Sick Leave Plan with Annual Leave |
| <input type="checkbox"/> Accrued Sick Leave | <input type="checkbox"/> ODU Sick Leave Plan |

Reason for Leave:

- ☐ Birth of your child or placement of a child with you for adoption or foster care
- ☐ A serious health condition that makes you unable to perform the essential functions of your job
- ☐ A serious health condition affecting your ☐ spouse, ☐ child, or ☐ parent for which you are needed to provide care
- ☐ You are the ☐ spouse, ☐ child, ☐ parent, or ☐ next of kin of a covered service member with a serious injury or illness for which you are needed to provide care

Do you have a spouse who is employed by Old Dominion University? ☐Yes ☐No

If yes, is your spouse requesting FMLA for the same or another reason? ☐Yes ☐No

Length of Leave:

Leave Begin Date: _____ Return to Work Date: _____

Is request for *Intermittent Leave or a Reduced Work Schedule? ☐Yes ☐No

*An employee may take leave intermittently (take a day or days periodically when needed) or use leave to reduce the work day or work week, resulting in a reduced work schedule. Your supervisor must approve these variations. Please see ODU Policy #6050 for more information regarding Intermittent Leave.

Please Note: If your leave begin and/or return dates change, you must notify the Benefits Office immediately.

Signature: _____ Date: _____