



ROWAN UNIVERSITY

# School of Osteopathic Medicine

## REQUEST FOR LEAVE OF ABSENCE

For Medical/Family Medical Leave (FMLA), Personal, Academic or Military

Employee's Name: \_\_\_\_\_ University ID #: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor's Name & Telephone: \_\_\_\_\_

### MEDICAL/FMLA LEAVE:

Birth/Adoption/Foster Care

Serious health condition of self

Serious health condition of self - Maternity

Serious health condition of family member

Military-Caregiver

Military-Qualifying Exigency

### OTHER LEAVE TYPES:

Personal

Academic

Military

Employees must select an option below. Selection cannot be changed and is irrevocable, unless your claim is denied by the State, or you have a change in circumstances.

For Medical Leave of Absence for **yourself**, once your sick time is exhausted, you will:

Apply for NJ Short Term Disability

or

Use all float and vacation days as per Medical/FMLA Leave of Absence policy

For Medical Leave of Absence for a serious health condition of **family member**, you will:

Use ten (10) days of your accrued benefit time (sick, float or vacation) then apply for NJ Family Temporary Disability

or

Use ten (10) sick days, all float and all vacation days as per Medical/FMLA Leave of Absence policy

For Medical Leave of Absence for **birth or adoption** of a child, you will:

Use up to ten (10) days of your float and vacation accruals then apply for NJ Family Temporary Disability

or

Use all float and vacation days as per Medical/FMLA Leave of Absence policy

### DURATION OF LEAVE:

Continuous

LOA Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Intermittent or Reduced Schedule

Estimated Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Day

of Unpaid Status: \_\_\_\_/\_\_\_\_/\_\_\_\_

### NOTE:

It is the employee's responsibility to make any necessary arrangements with the campus Human Resources Benefits Office to ensure continuity of health, life insurance and retirement benefits prior to beginning a leave and immediately upon return from leave. Depending on the duration of a leave of absence, an employee's health, life insurance and retirement benefits may be affected; if arrangements are not made, such benefits may cancel and employees may be subject to COBRA coverage.

Upon submission of this Request for Leave of Absence (if a Medical/FMLA leave) employees will receive a notification from the Human Resources Generalist.

### SIGNATURES:

My signature below certifies that I have read and understand the above information as well as the RowanSOM Medical/FMLA Leave policy and to the best of my knowledge, all information I have provided or will provide supporting my request for leave is accurate.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_