

EPIC Family Medical Leave Act (FMLA) Initial Leave Request Form

Please complete this form and submit it to the EPIC HR Director as soon as you believe you will need to take a medical leave for your own health concern or to care for a family member. Once received, she will provide you with an eligibility form and instructions on how to proceed.

Employee's Name _____ WVEIS ID # _____
Job Title _____ Full/Part Time? _____ Date of hire _____
Program & Location _____ Email _____
Phone _____ Request is for intermittent or continuous leave? _____
Requested start date _____ Anticipated end date _____
Additional Information: _____

Reason for Leave of Absence Request

____ Own illness (not work related) ____ Care for an ill parent/spouse/child
____ Pregnancy disability
____ to care for a newborn/adopted child / Date of birth/placement _____
____ Other (please specify) _____

In accordance with the Family Medical Leave Act Policy, eligible employees may request to take up to 12 weeks of FMLA protected leave in a 12 month period. Submitting this form does not mean you are approved; it is the first step in the process. Please read the information below, sign and return to the HR Director.

I understand that once I submit this form, I will receive an Eligibility Notice from the HR Director. If I am eligible for FMLA leave, I will be required to complete additional paperwork that must be submitted to the EPIC HR Director in order to determine whether or not my actual request is approved.

If my leave is approved, I understand any time away from work will be charged against my 12 week leave maximum under FMLA, and I am required to use all paid time available to me prior to going into an unpaid leave status. In the event that I go into an unpaid status while on leave, I understand that EPIC will continue to pay their portion of my health insurance premiums, but I must make arrangements to pay my portion. I also understand that if I have any questions at all, I should contact the EPIC HR Director, Terri Hickerson at 304-596-2663 or terri.hickerson@wvsc.org.

Signature

Date