

# 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, Shannon Johnson at 304-596-2663 or sdjohnson@wvesc.org.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date