GMEI Employee Leave of Absence (LOA) Request

Please complete **ALL** of the following information **PRIOR** to the start of the leave and submit to your Program Director/Manager. This form **MUST** be completed in full, including all necessary signatures. Failure to complete this form could delay the processing of your leave.

Employee Name:			
Best Way To Reach you:	**Home Phone**	**Work Phone**	**Email Address**
Program Director/Manager Name:			
Department Name:			
Expected Start Date (MUST BE COMPLETED)			
Expected End Date (MUST BE COMPLETED)			

Leave requests must be submitted 30 days in advance, where foreseeable.

Is this leave request submitted at least 30 Days in Advance?	☐	**Yes**	☐	**No**

Please contact GMEI's Human Resources department at 517-432-4421 with any questions.

Explain Type of Leave Requested:

☐	Birth/Adoption/Foster Placement	☐	Military Duty
☐	Own Serious Health Condition/Personal Medical	☐	Care for a covered Military Service Member w/serious injury or illness
☐	Serious Health Condition of Spouse/Child/Parent	☐	Legal/Difficulties/Proceedings
☐	Qualifying exigency for covered military service member on active duty	☐	Miscellaneous-Nonpaid Leave of Absence. Continue to Employee Signature Area.

I am applying for Intermittent FMLA:	☐	For Self	☐	For Family Member

If leave of Absence is to care for a Family Member, please Provide:

Name of the Family Member	**Relationship to You**	**If this is a child, please indicate age**

Disability Paid Time off is only available for the Employee's Own Serious Health Condition/Personal Medical Condition. Vacation Time may be used for other Leave Requests. In all FMLA approved absences, GMEI will continue to pay the Employer's portion of premiums for Health Insurance Costs.

Employee: I have reviewed and understand the FMLA Rights and Responsibilities sheet included in this packet. I understand if this is a medical leave, I am required to supply medical certification from the treating physician to support this LOA request to GMEI's Human Resources. I understand I am responsible for payment of my portion of benefit premiums during my leave. For non FMLA absences, I understand I will be responsible for the payment of 100% of my insurance premiums directly to GMEI. If I need to extend a medical LOA request, I must submit additional medical information from my physician. If I am on a personal medical leave of absence, I know that I will need a return to work slip prior to returning to work.

Employee Signature	Date Signed
Program Director/Manager Signature	Date Signed

PROGRAM DIRECTOR: Return completed form to GMEI, 909 West Fee, Room 124 or by fax at 517-432-5694 or by secure email to GMEI2@hc.msu.edu.