



The employee should complete this form when requesting medical leave (paid or unpaid) for five or more consecutive days or for an ongoing medical event. Submission of this form does not guarantee approval.

- **Contact the Leave Specialist at 167 Administration Building or 678-3257 for additional required forms.**
- **Employee must notify _____ department of need for leave of absence.**

Employee Information

Employee Name _____ UID _____

E-Class _____ Hire Date _____ Work Phone _____ Home Phone _____

Department _____ Dept. Head Name _____

Supervisor Name _____ Supervisor Phone _____

Is your spouse a State of Tennessee employee? Yes ___ No ___

If yes, provide spouse name and agency _____

Leave Information

The purpose of this leave request is for (please check one):

- | | |
|---|--|
| _____ Serious illness of employee | _____ Maternity (due date _____) |
| _____ Serious illness of spouse | _____ Paternity (due date _____) |
| _____ Serious illness of parent | _____ Adoption (date of adoption/placement _____) |
| _____ Serious illness of child (date of birth _____) | |
| _____ Other | |

Date leave begins _____ Date leave ends _____

Please give a brief description of why leave is needed. This information will be maintained in a confidential medical file.

If intermittent leave is requested, please provide expected schedule.

If a reduced work schedule is requested, please provide expected schedule.

If employee meets the two following criteria, leave **may be** designated as Family Medical Leave Act (FMLA):

1. Purpose of leave will be for a serious illness of employee, spouse, parent, or child under 18 years of age or for an ongoing medical event as it may relate to FMLA or for maternity, paternity, or adoption.
2. Employee has been employed _____ for one year and worked 1250 hours in the preceding year.

Medical certification is required for medical leave approval and is held in a confidential medical file. It is not part of the HR personnel file.

I have _____ have not _____ notified my department.

I certify that the information contained on this form is correct.

Employee Signature _____ Date _____

Leave Specialist _____ Date _____

Notified on date _____

Requested by:

_____ Employee

_____ Department

_____ Phone

_____ Family Member