



FMLRF

CALIFORNIA STATE UNIVERSITY, LONG BEACH  
**FAMILY AND MEDICAL LEAVE (FML)**  
**EMPLOYEE REQUEST FORM**

See page 2 for detailed information.

Employee ID: 

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Employee Name: \_\_\_\_\_  
(please print)

Department: \_\_\_\_\_  
(please print)

I request FML for the following reason (check one):

- Birth, adoption, or foster care placement of my child
- Care for seriously ill family member. Relationship: \_\_\_\_\_
- Own serious illness
- Qualifying exigency
- Line of duty injury or illness

Last day worked: \_\_\_\_\_

Effective Date of Family and Medical Leave: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Continue these insurances (check "yes" or "no" for each plan):

- Medical**     Yes     No
- Dental**     Yes     No
- Vision**     Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY AND MEDICAL LEAVE (FML)

If you are eligible for Federal and/or State Family and Medical Leave (FML), you should be aware of the following rights and obligations:

- Eligible employees may take up to a total of twelve (12) weeks of FML in a 12-month period due to a serious health condition (either your own or your child's, spouse's, or parent's).
- Eligible employees may take up to a total of twelve (12) weeks of leave to deal with a "qualifying exigency" that arises from a covered family member's active duty, or call to active duty, in the U.S. Armed Forces in support of a contingency operation.
- Eligible employees may take up to a total of twenty-six (26) weeks of leave to care for a covered family member who sustains a serious injury or illness in the line of duty while on active duty in the U.S. Armed Forces.
- If your leave is due to a serious health condition (either your own or your child's, spouse's, or parent's), you must provide the Certification of Health Care Provider form to Staff Human Resources within 15 days. Approval of your leave may be withheld until you comply with this certification requirement.
- If the leave is due to your own health condition, you will be required to present a "fitness-for-duty" notification from your doctor in order to return to work.
- FML begins the day after your last day worked, and runs concurrent with the use of your accumulated leave credits. Your personal holiday and all accumulated vacation and CTO leave credits will be used. If appropriate, accumulated sick leave may also be used if mutually agreed upon by you and the appropriate administrator. The period of time using your leave credits is the **paid** portion of FML. If you exhaust all of your leave credits before the 12 weeks of FML have expired, the remaining portion of FML continues as an **unpaid** leave.
- During your qualified period of FML, the CSU will continue to pay its portion of your medical, dental, and vision premiums throughout the entire period of FML. During any unpaid portion of your leave, you will be responsible for your portion of the premium; an accounts receivable will be established by the Payroll Office for this purpose. If you wish to discontinue medical coverage during the unpaid leave, you may reinstate it upon your return.
- If you do not return from FML, the CSU will require reimbursement for the CSU portion of medical, dental, and vision premiums paid on your behalf during the unpaid portion of your leave. However, reimbursement will not be required if you do not return because of a serious health condition or if you are unable to return due to circumstances which are outside of your control.
- Upon your return to work, you have the right to be reinstated to a position within your classification. Your rights, however, will be no different than if you were actively at work; this exception could affect your reinstatement in the case of layoffs, for example.

*Revised 01/09*