The University of Tennessee Space Institute
Family and Medical Leave (FML)

Name: _____ Cost Center: _____

Employee Personnel No.: _____ Monthly: _____ Biweekly: _____

Employment Date: _____ Supervisor/Dept. Head: _____

Home Address_____
Street City State Zip

Phone Numbers - Home: _____ Work: _____ Cell: _____

Serious Illness/Injury of: Employee☐ Parent☐ Spouse☐

Child☐ Age_____ Incapacitated? ☐Yes ☐No

Certification by a health provider may be required by the department head. If required, the certification must be submitted to UTSI Human Resources, 411 B. H. Goethert Parkway, Tullahoma, TN 37388-9700.

(☐) Birth (☐) Adoption (☐) Foster Care Placement

Name of Child: _____ Date of Birth: _____

Date of Foster Care Placement: _____ Date of Adoption: _____

Beginning Date for FML: _____ End Date for FML (if known):_____

I understand the University will pay the employer portion of the group medical insurance premium for up to 12 weeks of any leave which qualifies under the Family and Medical Leave Act of 1993, provided I pay the employee portion in advance to the Treasurer's Office, P115 Andy Holt Tower, Knoxville, TN, 37996-0100 or the campus/unit insurance office. All other insurance plans must be fully paid by me. If I choose not to pay my medical and/or optional plan premiums, I understand my coverage will lapse during my leave without pay. I also understand I will not accrue leave or receive retirement creditable service while on leave without pay. I understand the time requested, paid or unpaid, will count against my 12-week entitlement of this 12-month FML period.

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYEE'S DEPARTMENT:

Hours worked in prior 12 months: _____ Is medical certification required? ___Y ___N
(Minimum required 1,250 hours)

_____ _____
Supervisor/Department Head Date

_____ _____
HR/Personnel Approval Date

Beginning Date of current 12-month Family Medical Leave Period: _____

The Human Resources Office will forward copies of approved forms to the employee, employee's supervisor/department head, and the Payroll Office.