



REQUEST FOR LEAVE

Date of Request	Employee Name (please print)	Social Security Number	Department/Unit
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Leave Type¹ (____ hours) Is this leave for an FMLA qualifying event? Yes No

Vacation Compensatory **Start** _____ (Hour) _____ (Date)

Jury Emergency²

Military LWOP **End** _____ (Hour) _____ (Date)

Sick³ Employee Doctor's Appointment Spouse, Child or Parent Illness or Injury
 Employee Illness or Injury Birth, Adoption, Placement of Foster Child
 Other, Please Specify _____

Other, Please Specify _____

Leave Type¹ (____ hours) Is this leave for an FMLA qualifying event? Yes No

Vacation Compensatory **Start** _____ (Hour) _____ (Date)

Jury Emergency²

Military LWOP **End** _____ (Hour) _____ (Date)

Sick³ Employee Doctor's Appointment Spouse, Child or Parent Illness or Injury
 Employee Illness or Injury Birth, Adoption, Placement of Foster Child
 Other, Please Specify _____

Other, Please Specify _____

I CERTIFY THAT: *I have read and understand the information on the following page. I further certify that I understand that my leave may count toward my family and medical leave entitlement if the purpose for my taking the leave fits one of the categories listed on the following page.*

I CERTIFY THAT: *My sick leave is either for 1) myself; or 2) a member of my immediate family (related by kinship, adoption, or marriage) who lives in same household; including foster children certified by Texas Department of Protective and Regulatory Services; or 3) my sick minor children who do not live in the same household; or 4) my spouse, child, or parent who DOES NOT reside in my household, but needs such care as a direct result of a documented medical condition.*

EMPLOYEE SIGNATURE _____ TITLE _____

Signature of Approval Authority	Is this leave for an FMLA qualifying event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approver's Title/ Date of Approval
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H.R. office use:	Hours FMLA leave this fiscal year? _____
Employee FMLA eligible? _____	Hours Parental leave this request? _____
Hours FMLA leave this request? _____	Hours Parental leave this fiscal year? _____

Note:

¹ All leave must be reported accurately on the *Bi-weekly Time Report* or *Certificate of Service*. For canceled leave: notify your supervisor if requested leave is not used. A copy of the *Request for Leave*, **Clearly Marked "Canceled,"** should be attached to, but should not be listed on the *Bi-weekly Time Report* or *Certificate of Service*.

² List relationship of deceased family member, if applicable.

³ Attach physician's statement when absence is in excess of three continuous working days.

Distribution: *You should retain a copy of this form and send the original to your supervisor. If the leave is approved, your supervisor should sign the form, retain a copy, return a copy to employee, and immediately forward the signed original to the TAEX Leave Clerk, or departmental clerk who records leave for COALS/TAES employees.*

NOTICE OF FAMILY AND MEDICAL LEAVE USAGE AND OBLIGATIONS

ELIGIBILITY

If you have at least 12 months of state service and have worked for the state at least 1,250 hours in the past 12 months, you are entitled to 12 weeks of Family and Medical Leave during the fiscal year. If the leave you have requested (whether sick leave, annual leave/vacation, or other paid or unpaid leave) is due to one of the following reasons, this leave will count toward your entitlement for Family and Medical Leave during this fiscal year:

- Birth of a child,*
- Placement in your home of a child for adoption or state-certified foster care,*
- Your serious health condition (illness, injury, or pregnancy), or
- To care for your spouse, child or parent who has a serious health condition.

EFFECT ON OTHER LEAVE

If you are applying for leave for one of these reasons, you must use all available paid leave before taking unpaid leave. You may use paid sick leave only for situations that are normally eligible for sick leave.

You must provide the usual medical certification required for sick leave and/or the sick leave pool if you are taking paid leave due to your own serious health condition or the serious health condition of your spouse, child or parent. This medical statement must indicate the cause/nature of illness and estimated date of recovery, if applicable. If taking unpaid leave for a serious health condition, you must provide medical certification within 15 days of your request using the Medical Certification Form. This form is available from the Agriculture Program Human Resources Office, or the Extension County Programs Human Resources office.

DURING LEAVE

- While you are on paid leave, your benefit coverages will continue and any premiums you normally pay for coverage will be deducted from your pay. If you take unpaid leave for one of the reasons stated above, the state will continue to pay its contribution toward your health coverage (or your optional coverages if you do not have System health coverage). However, you must continue to pay your share of premiums or some or all of your benefit coverages will end. Only those benefits **fully** paid for by the state contribution will continue if you do not pay your share of benefit premiums. You will receive a bill for these benefits each month while you are on leave. You must pay the premiums within 30 days of the date shown on the bill.
- A husband and wife who are both employed by the state of Texas may be limited to a combined total of 12 weeks of leave during a fiscal year, depending on the specific circumstances of the FMLA leave requested. Contact the Agriculture Program Human Resources Office or the Extension County Programs Human Resources office for details.
- You will be expected to check in with your supervisor periodically while on leave to inform him/her of your status and expected date of return. If your expected date of return changes, you must inform your supervisor of your new anticipated return date within two work days. You may be asked to provide a recertification of your (or a family member's) medical situation each 30 days while you are on a leave due to a serious health condition.

RETURN TO WORK

- If leave is due to your serious health condition, you may be required to present a fitness-for-duty certificate from your doctor before you can return to work.
- If you take leave for one of the reasons stated above, you will be reinstated to your job or a similar job when you return from leave, unless you would not otherwise have been employed at that time.

***Parental Leave**

If you are taking leave due to the birth of a child or adoption or placement for foster care of a child younger than 3 years and you are not eligible for Family and Medical Leave, you may take up to 12 weeks of parental leave instead. You must use all available paid leave before taking unpaid leave. During unpaid leave, you will **not** receive the state contribution for your benefits, but you may continue coverage by paying the premiums. You will be billed each month, and you must pay the premiums within 30 days of the date shown on the bill or your coverage will end.

Contact the Agriculture Program Human Resources office at (979) 845-7986, or the Extension County Programs Human Resources office at (979) 845-7880, if you have questions about FMLA, parental or other types of leave.