



FAMILY LEAVE APPLICATION FORM

IMPORTANT NOTICE: If leave is foreseeable, prior to submitting this form to RCUH, you must notify your Principal Investigator or Supervisors regarding your utilization of family leave.

Part I: Employee/Project Contact Information: Please fill out all blanks requested below:

Employee Name:	RCUH Employee ID#:
Daytime Phone #:	Email:
PI Name:	Email:
Supervisor Name:	Email:
Time Keeper Name:	Email:

Part II: Leave Request Information: Please notate start date and return to work date. Leave will be requested on a 'per calendar year' basis. A calendar year is defined as January 1 through December 31.

Start Date of Leave: _____ / _____ / _____ Return to Work Date: _____ / _____ / _____

Please select the applicable box(es) below indicating the reason for your Family Leave request.

- Birth of a Child/Care for Newborn (select from the following options):**
 - Expected Mother – For Birth/Recovery and to Care for Newborn After Birth
 - Expected Mother – Care for Newborn After Birth ONLY
 - Father of a Newborn – Care for Spouse and to Care for Newborn After Birth
 - Father of a Newborn – Care for Newborn After Birth ONLY
- Serious Health Condition (select from the following options):**
 - For My Own Serious Health Condition (non work-related)
 - For My Child, Spouse/Reciprocal Beneficiary/Civil Union Partner, Sibling or Parent (includes parents-in-law, grandparents, and grandparents-in-law)
- Adoption of Child**
- Placement of My Child into Foster Care**
- Military Caregiver Leave**
 - Care for a Covered Service member (spouse, child, parent or next of kin) with a Serious Injury or Illness
 - Qualifying Exigency for Military Dependent (arising out of the foreign deployment of the employee's spouse, son, daughter, or parent)

Part III: Employee Certification:

Employee's Signature: _____ Date: _____

Part IV: Principal Investigator/Supervisor Acknowledgement:

Principal Investigator/Supervisor's Signature: _____ Date: _____

Please return this form via email to RCUH Benefits at rcuh_benefits@rcuh.com or via fax at (808) 956-5022 at least thirty (30) days before the requested start date of leave (if leave is foreseeable) or as soon as possible (if leave is not foreseeable). RCUH Benefits will contact you within five (5) business days of receipt of your Family Leave Request Form to provide you with our determination on your eligibility status for Family Leave.