



Human Resources Department

RCUH Family Leave Request Form (B-11) (Care for Family Member)

Please submit this B-11 form to RCUH_Benefits@rcuh.com and CC to your Principal Investigator.
You may submit supporting documents via encrypted email to RCUH_Benefits@rcuh.com or fax to 808-956-5022.

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

Employee Name:	RCUH Employee ID#:
Mailing Address:	Preferred Cell #: Preferred Email:
Does your Spouse work for RCUH? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, What is the name of your spouse? _____	

Communication will only be shared between you and the Project of whom are listed below (List if applicable):

Principal Investigator:	Admin (Timekeeper):
Admin:	Admin:

Section II: Leave Request Information: Please notate start date and return to work date. Leave will be requested on a 'per calendar year' basis (i.e., January 1 through December 31).

A. Please select if leave is Continuous Intermittent

B. Approximate Duration

Start Date of Leave: ____ / ____ / ____ *Expected Return to Work Date: ____ / ____ / ____

***If the expected return to work date changes, please notify your Principal Investigator/Supervisor ASAP.**

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

- i. **Serious Health Condition of a Family Member – For my:** **Additional form: WH-380F**
- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Child | <input type="checkbox"/> Civil Union Partner | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Reciprocal Beneficiary | <input type="checkbox"/> Stepparent |
| <input type="checkbox"/> Parent-in-Law | <input type="checkbox"/> Grandparent-in-Law | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Sibling | |

- ii. **Child/Care for Newborn : Additional form: WH-380F**
- Father of a Newborn – Care for/Bond with Newborn
 - Father of a Newborn – Care for Spouse after Birth

iii. **Adoption of Child Provide documentation of adoption**

iv. **Placement of Child into my Home through Foster Care**

v. **Military Caregiver Leave (Check box)**

- Care for a Covered Service member (spouse, child, parent or next of kin) with a Serious Injury or Illness **Additional form: WH-385**
- Qualifying Exigency for Military Dependent (arising out of the foreign deployment of the Employee's spouse, son, daughter, or parent) **Additional form: WH-384**

Section III: Employee Certification:

Print Name & Signature: _____ Date: _____

Please submit 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.