



Human Resources Department

# RCUH Family Medical Leave Request Form (B-11a) (Care for Self/Own Health Condition)

Please submit this B-11a form to [RCUH\\_Benefits@rcuh.com](mailto:RCUH_Benefits@rcuh.com) and CC to your Principal Investigator. You may submit the WH380-E Form via encrypted email to [RCUH\\_Benefits@rcuh.com](mailto: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 of your leave 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 to Return to Work Date: \_\_\_/\_\_\_/\_\_\_

**\*If the expected return to work date changes, you must obtain a Fitness for Duty Certification from our healthcare provider (return to full duty/no restrictions) and notify your Principal Investigator (PI)/Supervisor ASAP.**

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

**C1 - Serious Health Condition:**  
For My Own Serious Health Condition (non work-related)

**C2 – Child Birth/Recovery and Care for Newborn** (for care of newborn, proof of birth is required):

**For the above reasons, please complete and return the following form: **Form WH-380-E****

**Section III: Employee Certification:**

Print Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form 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.