

### Family & Medical Leave (FML) Request Form (B-11)

Submit form(s) to rcuh\_benefits@rcuh.com or Employee e-Upload. \*Requests should be submitted at least 30 days before the requested start date of leave (if leave is foreseeable), or as soon as practical (if leave is not foreseeable).

#### SECTION I. Employee Information:

Employee Name:	RCUH ID#:
Physical Work Location Address: (no P.O. Box)	Do you have a spouse who works for RCUH? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of spouse:

#### SECTION II. Reason for Request:

- Birth of an employee's child and/or to care for the newborn
- Placement of a child with the employee for adoption or foster care
- My own serious health condition that makes me unable to perform the essential functions of my job
- Care for a family member with a serious health condition (indicate name & relationship below)
- Military FML – Qualifying Exigency (indicate name & relationship below)
- Military FML – Care for Covered Servicemember with a serious injury/illness (indicate name & relationship below)

\_\_\_\_\_  
Name of Family Member

\_\_\_\_\_  
Relationship to Employee

#### SECTION III. Duration of Requested Leave (dates):

RCUH's FML is based on a calendar year (i.e., January 1<sup>st</sup> - December 31<sup>st</sup>).

\*Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- For a continuous block of time
- On an intermittent basis

#### Section IV. Employee Certification:

Follow your project's normal leave request procedures. Your PI (and project staff with eTimesheet access) will be automatically be cc'ed on your Eligibility & Designation Notices. They will not be cc'ed on any medical details.

List any other Project Staff and emails who should also be cc'ed:

I certify that the above information is true and accurate. Return this form to RCUH Benefits. Upon receipt, the Notice of Eligibility will be returned to you within five (5) business days. Additional documents/clarification may be required prior to issuing a final FMLA/HFLL Designation Notice to approve or deny an FML request.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Notice of Eligibility

(For RCUH Human Resources Department Use Only)

This notice is to inform you as of \_\_\_\_\_ you:

<input type="checkbox"/> Are eligible for FMLA leave <input type="checkbox"/> Are not eligible for FMLA leave because: <input type="checkbox"/> You have not met the 12-month of service requirement; <input type="checkbox"/> You have not met the hours of service requirement. You have approx. _____ hrs; <input type="checkbox"/> You do not work/report to a site with 50+ employees within 75-miles; <input type="checkbox"/> Other:	<input type="checkbox"/> Are eligible for HFLL leave <input type="checkbox"/> Are not eligible for HFLL leave because: <input type="checkbox"/> You have not met the 6 months of cont. service; <input type="checkbox"/> You do not work/report to a site in Hawaii; <input type="checkbox"/> Other:
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In order for us to determine whether your absence qualifies as FMLA/HFLL leave, you must return the following information to us by \_\_\_\_\_. If sufficient information is not provided in a timely manner, your leave request may be denied and you may need to re-submit your FML Request as we will need to run your eligibility again.

- Sufficient \_\_\_\_\_ certification to support your request for leave.
- Sufficient documentation to establish the required relationship between you and your family member.
- Other information needed:

Completed by:

Date: