UNT SYSTEM Human Resources

APPLICATION FOR FAMILY LEAVE POOL

Request for Family Leave Pool must be made, if practical, at least 2 weeks prior to the date the requested leave is to begin.

Part I: Completed by Employee.

Name:	**Employee ID#:**
Job Title:	**Date of Hire:**
Home Address: **Contact #:**	**Department**: **Supervisor:**
3. I request an award from the Family Leave Pool to be used for: **Please indicate**: ☐ Baby Bonding ☐ Serious Health Condition ☐ Pandemic Related Reasons	
If Serious Health Condition: ☐ My Own Serious Health Condition ☐ Family Member's Serious Health Condition	
4. Effective Date of Leave Request:	**5. Date of anticipated return to work:**

EMPLOYEE AGREEMENT:

I have read the Family Leave Pool Policy and by my signature below I certify that this application meets the requirements of that policy. I understand that I must meet the requirements set out in the Family Leave Pool policy and that the decision of the Family Leave Pool Administrator is final. I understand that I must authorize my health care provider(s) to release all necessary information requested on the Family Leave Pool Health Care Provider Medical Certification form and any charges I incur for the completion of this document will be at my expense.

Employee Signature:	Date:
*If applicable, name of immediate family member:	* If applicable, relationship to employee:

Part II: Completed by Employee's Department

Date employee last worked:	
Date employee exhausted all leave due to **this** illness or injury:	
Date the employee was, or will be, placed on Leave without Pay:	
Number of days absent from work due to **this** illness or injury during the prior 4 months:	
Department Contact Name Phone Number:	Date:

Part III -Family Leave Pool Administrator

FLP hours previously awarded for this illness:	Date Additional Information Requested:	Date Additional Information Received:
Eligible for SLP: __Yes __ No	Number of Days Approved:	Date employee/Dept notified:
Notes:		

Submit completed forms to

UNT System Human Resources Benefits Department Fax: (940) 369-5697

Email: *FMLA@untsystem.edu* *Need Help?*

Call (940) 369-7650 option 5