



BETHEL
UNIVERSITY

FAMILY AND MEDICAL LEAVE APPLICATION

Employees who have been employed at Bethel for at least 12 months and have worked at least 1,250 hours over the previous 12 months are eligible for Family and Medical Leave.

Name of Employee: _____ **ID:** _____ **Date:** _____

Position Title: _____ **Employment Start Date:** _____

Department: _____ **Supervisor:** _____

Personal Phone: _____ **Personal Email:** _____

Type of Leave:

Self/Employee Medical Family Medical

Length of Leave:

Leave expected to begin _____ Leave expected to end _____

1. Have you or a spouse, also employed by Bethel, taken a Family or Medical Leave within the last 12 months?
Yes No
2. This Family/Medical Leave is for:
Birth of a Child (date of birth: _____)
Adoption/Foster Care of a Child (date of Placement: _____)
Serious Health Condition of Family Member:
Child Spouse Parent
Serious Health Condition of Myself (employee)
3. Will you be using personal, vacation or sick time during this leave?
Yes No
4. Will you be receiving short-term disability through Bethel during this leave?
Yes No
5. Will you be receiving worker's compensation during this Leave?
Yes No
6. Will this leave be taken on an intermittent/reduced schedule basis?
Yes No

7. Will you be applying for paid parental leave?

Yes No

Employees will be required to exhaust all accrued but unused vacation, personal, and/or sick paid leave, applicable to your type of leave, before being placed on unpaid status.

If applicable, I understand that all of my insurance benefits will be continued during my leave, provided I continue paying the employee portion of the premium(s). If insurance premiums are not deducted from my paycheck due to insufficient funds, I understand that those premiums will rollover to the next paycheck(s) until they can be paid with sufficient funds. If I do not return to employment at Bethel University immediately following my leave, I understand that I must provide payment to Bethel University to cover the employee portion of the premium(s) owed within 30 days of my termination of employment date. I understand that my benefits may be discontinued and retroactively terminated for any unpaid months if I do not pay the employee portion of the premium(s).

I understand that Bethel University will follow guidelines as stated in the Bethel Family and Medical Leave Policy to return me to the same or an equivalent position on return from leave.

Leave for serious health condition of the employee, or the covered family member, requires medical certification completed by medically disabled individual's physician;

- 1) Before the leave begins, or as soon as practical
- 2) While on leave to re-certify medical need, as necessary, and
- 3) Authorizing return to work for employee's own illness to determine fitness for duty.

Employee's Signature: _____

Supervisor's Signature: _____

HR Representative's Signature: _____

Please return application to the Office of People and Culture at least 30 days prior to leave (or as soon as practical if leave is unforeseen).