



MEMORANDUM

Date

Employee's name

Department

RE: Family Medical Leave application

It appears you may have a qualifying event which may entitle you to Family Medical Leave (FML). Accordingly, an FML application is attached for your completion. Please return this application no later than _____* to your FML administrator.

FML provides job protection for employees while they are off work due to their own qualifying serious health condition or a qualifying serious health condition of an eligible family member.

If you fail to return the completed application by _____* (or should the application not be approved), your absences may be considered unauthorized. Unauthorized absences are subject to corrective action up to and including termination of employment.

Supervisor signature

Employee signature

Attachment

Routing: Please provide a copy of this form to the employee. Send the signed copy to the FML administrator.

*Supervisor counts 15 calendar days from the date the application is given to the employee. If mailing, please allow 2-3 additional calendar days.

UK HealthCare FML administrator phone: 859-323-0256, fax: 859-257-2010

UK campus FML administrator phone: 859-323-4259, fax: 859-257-1679