



MEMORANDUM

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Date

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Employee's name

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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.

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Supervisor signature

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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