DEPARTMENT OF HUMAN RESOURCES
9 WALTERS AVENUE, UNIT 5075
STORRS, CT 06269-5075
Telephone 860-486-0400
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University of Connecticut

FAMILY AND MEDICAL LEAVE FORM FOR FACULTY AND COACHES

SECTION 1: TO BE COMPLETED BY EMPLOYEE

Name	Title	Employee Number

Department/School

Type of Leave

☐ Personal Illness or Maternity Date: From: to
If maternity, due date:
☐ Unpaid
☐ Paid (eligible for period of medical certification only)

☐ Parental Leave *(unpaid)* Date: From: to

☐ Serious Illness in Family *(unpaid)* Date: From: to

Relationship: ☐ Child ☐ Spouse ☐ Parent Name:

Employee Statement

I am requesting a leave in accordance with the Federal and/or State family and medical leave legislation. I intend to return to my position at the University of Connecticut upon expiration of the leave.

Signature Date

Submit completed form and medical certification (P-33A Employee, P-33B Caregiver) to Human Resources Leave Administrator

SECTION 2: TO BE COMPLETED BY HUMAN RESOURCES

Period of leave covered by FMLA or AAUP Contract Date: From: to

Period of leave not covered by FMLA or AAUP Contract* Date: From: to

Period of leave eligible for pay based on medical certification* Date: From: to

Leave Administrator Signature Date

*Requires Section 3 Approvals. Human Resources will return form to employee to secure approvals, as appropriate, and to distribute as notification to Department Head, Regional Campus, Dean, and Provost.

SECTION 3: APPROVALS

Required only for paid leaves and leaves not covered by FMLA or AAUP contract

	Approved as Submitted*	***Signature and Date***
Department Head:	☐ Yes ☐ No	
Regional Campus, as appropriate:	☐ Yes ☐ No	
Dean:	☐ Yes ☐ No	
Provost:	☐ Yes ☐ No	

**If no, indicate change:

After all approvals are obtained, submit to Human Resources Leave Administrator. Human Resources maintains leave records used in reporting and auditing.