



**NON-FML MEDICAL LEAVE REQUEST FORM**

I request to be placed on non-FML medical leave of absence. Due to FMLA requirements, I am currently not eligible based on one or both of the conditions listed below:

I have not met the one-year employment requirement; and

I have not worked 1250 hours over the previous 12 months; or

I have exhausted all of my FML hours for the year.

Name: \_\_\_\_\_ A# \_\_\_\_\_ Department: \_\_\_\_\_

Office Phone#: \_\_\_\_\_ Home#: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Leave Begin Date: \_\_\_\_\_

Requested Leave End Date: \_\_\_\_\_

**REASON FOR LEAVE OF ABSENCE:** (Maximum time allowed for non-FML medical leave is 12 weeks in a calendar year)

**Employee Medical Condition:** A medical leave of absence for a serious health condition that makes me unable to work. (Please attach a completed non-FML medical leave certification)

I am requesting leave for:                       Illness/Injury                       Pregnancy

I understand that I must first use all of my eligible accrued leave time at the beginning of my leave of absence as a part of my leave of absence. I understand that if I do not return to work after the leave, Alcorn State University may recover payments for health insurance made by the University during my leave of absence. I understand that time spent on leave of absence does not count toward completion of the initial probationary period. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement at the University.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Supervisor Acknowledgement of Request:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Initial Probationary Period:      Yes                      No

**Human Resources Approval:**

Human Resources Representative: \_\_\_\_\_ Approved:                      Yes                      No

**Please send all correspondences to: Human Resources, 1000 ASU Drive, 390 Alcorn State, MS 39096-7500 or fax: 601-877-6389**