



Family Medical Leave (FMLA)
Process 30 day advance notice if leave is foreseeable

Name: \_\_\_\_\_ Department: \_\_\_\_\_

(circle) Full Time Part Time Hire Date: \_\_\_\_\_

I have reviewed the Notice of Eligibility and Rights & Responsibilities (WH-381). I understand I am responsible to have the appropriate form filled out by the Health Care Provider. These forms are available at Associate Services, on the Thompson Health intranet, or by calling John Paul Mlynar at 585.396.6681.

I am applying for Family Medical Leave for the following reason:

- My absence due to a serious health condition for more than 3 days (use form WH-380E, or if I am out beyond 7 continuous calendar days, the NYS disability packet)
The birth of my son or daughter (Use form WH-380F (father) or, if I give birth, the NYS disability packet)
To care for a covered family member with a serious health condition. Use form WH-380F
Son/Daughter Spouse Parent
The placement of a son or daughter with me for adoption or foster care. Use form WH-380F
Any qualifying exigency for Military Family Leave of the FMLA. Use form WH-384
A Serious Injury or Illness of Covered Service Member/Veteran for Military Family Leave. Use form WH-385 or WH-385V

Dates Requested (approximate if unknown)-
30 day advance notice if leave is foreseeable

Out: \_\_\_\_\_ Return: \_\_\_\_\_
(If the above dates change, please notify Associate Services)

Associate Signature \_\_\_\_\_ Date: \_\_\_\_\_
(When possible, please secure dept. leader signature prior to sending the WH-38\_\_ form to the Health Care Provider)

Department Leader Signature \_\_\_\_\_ Date: \_\_\_\_\_

RETURN THIS ONE-PAGE FORM TO ASSOCIATE SERVICES

AS/HR use only: Hire Date: \_\_\_\_\_ Status: \_\_\_\_\_ Hours: \_\_\_\_\_
Medical Attached: Yes No NYS DBL? Yes No
Leave Approved? Yes No \_\_\_\_\_
AS/HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_
AS/HR recruiter notified: \_\_\_\_\_