



UNIVERSITY SYSTEM OF MARYLAND

Form 1 – Request for Family and Medical Leave

Federal Family and Medical Leave (FMLA) and/or Maryland Paid Family and Medical Leave (PFML)

Instructions

Use this form to request leave that may qualify under:

- The federal Family and Medical Leave Act (FMLA), and/or
- The Maryland Paid Family and Medical Leave (PFML) program applicable to eligible USM employees.
- Medical information must not be included in this form.

Submission of this form does not automatically approve leave. A separate Notice of Eligibility and Rights and Responsibilities and, if applicable, a Designation Notice will be issued following review.

Section I – Employee Information

Employee Name:

Department:

UID / Employee ID:

Job Title:

Employee Category (check one):

Faculty

Contingent / Temporary

Exempt Staff

Other: _____

Nonexempt Staff

Original Date of Hire: _____ (if known)

Supervisor Name:

Preferred Contact Email:

Supervisor Email:

Preferred Contact Phone:

Section II – Reason for Leave

(Check all that apply)

- To care for a newborn child of the employee during the first year after the child's birth or because a child is being placed with the employee for adoption, foster care, or kinship care; or to bond with a child during the first year after birth or placement
- To care for a family member with a serious health condition
- My own serious health condition
- Military caregiver leave (to care for a covered service member with a serious injury or illness)
- Qualifying exigency arising from a covered service member's active duty or call to active duty
- I am requesting leave related to military service (additional documentation required)

If caring for a family member or service member, indicate relationship:

- | | |
|--|--|
| <input type="radio"/> Child | <input type="radio"/> Sibling |
| <input type="radio"/> Parent | <input type="radio"/> <i>In loco parentis</i> relationship |
| <input type="radio"/> Spouse | <input type="radio"/> Next of kin (military caregiver leave) |
| <input type="radio"/> Domestic Partner | <input type="radio"/> Other relationship (specify): |
| <input type="radio"/> Grandparent | _____ |
| <input type="radio"/> Grandchild | |

Military Leave Clarifications

A. Military Caregiver Leave (FMLA Only)

Military caregiver leave under FMLA may provide up to **26 workweeks of unpaid leave in a single 12-month period** to care for a covered service member with a serious illness or injury.

- This entitlement is available only under federal FMLA.
- PFML provides up to 12 weeks (or up to 24 weeks in limited circumstances) but does not extend to 26 weeks.
- If eligible for both, leave will run concurrently to the extent permitted by law.

A Certification for Serious Injury or Illness of a Covered Service Member may be required.

B. Qualifying Exigency Leave (FMLA Only)

Qualifying exigency leave may be available under FMLA for certain urgent matters arising from the covered active duty of a spouse, child, or parent.

Examples may include:

- Short-notice deployment
- Military ceremonies or events
- Childcare arrangements
- Financial or legal arrangements
- Rest and recuperation leave

Documentation supporting the exigency may be required.

Section III – Leave Period Requested

Anticipated Start Date of Leave: _____

Anticipated Return-to-Work Date (if known): _____

Is the leave request:

- Continuous (Leave taken for one continuous, uninterrupted period of time)
- Intermittent/Reduced schedule (Leave taken in separate blocks of time or on a reduced work schedule rather than one continuous period)

If intermittent or reduced schedule, estimate:

Frequency (e.g., 2 times per month):

Duration per episode (hours or days):

Foreseeable Leave

If the need for leave is foreseeable (e.g., scheduled surgery, expected birth, planned treatment), indicate the date you first became aware of the need for leave:

Date aware: _____

Section IV – Certification Requirements

- Bonding leave (birth or placement) does not require medical certification; however, reasonable documentation of birth or placement may be required.
- Leave due to a serious health condition (your own or a family member's) requires completion of the appropriate Certification of Health Care Provider form.
- Military caregiver leave and qualifying exigency leave may require additional documentation.

- If certification is required, it must generally be returned within fifteen (15) calendar days unless not practicable despite diligent, good faith efforts.
- Failure to provide required certification may result in delay or denial of leave protection.

Section V – Important FMLA and PFML Information

1. If eligible, FMLA and PFML leave will run concurrently to the extent permitted by law.
2. FMLA provides:
 - a. Up to 12 workweeks in a rolling forward 12-month period.
 - b. Up to twenty-six (26) workweeks of FMLA leave in a single 12-month period measured forward from the date military caregiver leave begins.
3. PFML provides:
 - a. Up to 12 weeks (480 hours) per PFML Application Year.
 - b. In limited circumstances, PFML may provide up to 24 weeks (960 hours) in a single Application Year.
 - c. The PFML Application Year begins on the Sunday of the calendar week in which PFML leave begins.
 - d. Intermittent PFML may not be taken in increments of less than four (4) hours.
 - e. PFML is paid at the employee's regular rate of pay and may not be conditioned upon exhaustion of accrued leave.
4. Both FMLA & PFML leave are job-protected. Upon return, the employee will generally be restored to the same or an equivalent position, subject to applicable legal exceptions.
5. The University prohibits interference with, restraint of, or retaliation against any employee for requesting or taking leave under FMLA or PFML. Employees who believe their rights have been violated may report concerns to their institution's Human Resources Office.

Section VIII – Employee Certification

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Employee Signature: _____ Date: _____