

**REQUEST FOR CONSIDERATION UNDER THE
FAMILY AND MEDICAL LEAVE ACT**

**To: Human Resources Office
UA System Division of Agriculture
2301 South University Avenue
Little Rock, AR 72204**

From: _____
Employee Name _____ **Home Phone** _____

Home Street Address _____ **City/Zip** _____

Work Location/County/Dept. _____ **Work Phone** _____

Supervisor Name _____ **Supervisor Work Phone** _____

I am requesting A block of time (dates determined by physician on EBEN-230/232 Physician Certification)
FMLA for:
(check one) Intermittent (dates determined by physician on EBEN-230/232 Physician Certification)

I am requesting FMLA for:
(check one)

- Birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- Care for a spouse , child , or parent due to his/her serious health condition
- A qualifying exigency for a spouse , child , or parent on active military duty
- You are the spouse child, parent , or next of kin of a covered service member with a serious health condition

Note: Eligible employees may request FMLA leave consecutively (a single block of time) or intermittently (leave taken at separate blocks of time due to a single qualifying event). Dates of any approved leave will be determined by information provided on the EBEN-230/232 Physician Certification. The Human Resources Office may contact your Health Care Provider for clarification/authenticity of your medical certification if required.

For questions regarding FMLA, contact Human Resources at 501-671-2219 or email yourbenefits@uaex.edu

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Employee Signature

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Date

HR Office Use Only:

This request was received in Human Resources on the date listed below.

Human Resources Representative

Date