



WILLIAM PATERSON UNIVERSITY

OFFICE OF PAYROLL AND EMPLOYEE BENEFITS • COLLEGE HALL
P.O. BOX 913 • WAYNE, NEW JERSEY 07474-0913
973.720.2885 FAX 973.720.2013
CONFIDENTIAL FAX FOR MEDICAL DOCUMENTATION 973.720.3694

Specific Notice for New Jersey State Family Leave and Family and Medical Leave Act (FMLA)

New Jersey State Family Leave

Eligibility Requirements: Have worked for covered employer at least 1000 hours in preceding 12 months and employed for at least 12 months.

Amount of Leave: 12 weeks during a 24-month period measured forward from the first date of any NJ State Family Leave granted within the last 24 months.

Type of Leave: Birth or adoption; serious health condition of parent, parent of spouse, child or spouse.

Family and Medical Leave Act (FMLA)

Eligibility Requirements: Have worked for covered employer at least 1250 hours in preceding 12 months and employed for at least 12 months.

Amount of Leave: 12 weeks during a 12-month period measured forward from the first date of any FMLA granted within the last 12 months.

Type of Leave: Birth, adoption or foster care; to care for parent, child or spouse with serious health condition or employee's own serious health condition.

Health Benefits Coverages: Your health benefits must be maintained under the same conditions as if you continued to work. If you pay a health benefits premium contribution through payroll deduction, you will be advised of any premium contribution that might be due in order to continue your coverage during your leave period. If you do not remit these premium contributions as requested, the University may recover these payments from you upon your return to work.

Reinstatement Rights: You are entitled to be restored to the same position you held before the leave started, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

Medical Certificate: Provide certification from an appropriate health care provider of your own serious health condition or the serious health condition of your family member to the Employee Benefits Office. If the period of illness extends beyond the date originally provided, medical certification will be required to confirm extension of illness. In addition, you will be required to present a fitness-for-duty certificate prior to being restored to employment if your absence was due to your own serious health condition.

Please be advised that if the circumstances of your leave qualify for FMLA and NJ State Family Leave, the leave used will count against your entitlement under both laws.



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Request for Leave of Absence

An employee must provide at least 30 days advance notice of the need to take a Leave of Absence.

Name of employee: _____

Title of position: _____ Dept: _____

Name of supervisor: _____

Details of Request for Leave/Extension of Leave

Date Leave/Extension of Leave begins: _____

Expected Return Date: _____

If Intermittent Leave is requested, provide schedule/dates: _____

Type of Leave Requested (check all that apply):

_____ Personal illness* (medical documentation required) _____

_____ To provide care for seriously ill family member* (relationship & medical documentation required)

_____ Pregnancy Disability* (medical documentation required)

_____ Child Care* _____

_____ Educational; please provide details: _____

_____ Personal Reasons; you may provide additional information to justify request for leave: _____

If you intend to charge accumulated vacation, comp or administrative leave time prior to your Leave of Absence, please indicate amount of time and type of leave you wish to charge: _____

*Please refer to the attached sheet explaining your rights and obligations under Federal Family and Medical Leave (FMLA) and NJ State Family Leave.

Employee's signature

Date of request

This form must be returned to the Employee Benefits Office at least 30 days prior to the Leave of Absence. Please discuss this Leave with your supervisor. A copy of this leave request will be provided to your supervisor. You will be notified if your Leave has been approved.