

FAMILY/MEDICAL LEAVE

- B. (I understand that I may elect to use accrued annual leave, and/or compensatory time for family leave and, in so doing, any annual leave and/or compensatory time will count against my total 16-workweek entitlement to family leave.)

- C. If this application is to provide care for a family member, I understand that Medical certification of the serious health condition, issued by my family member's health care provider must be attached to this application.

4. TO BE COMPLETED IF APPLYING FOR MEDICAL LEAVE

- A. I hereby request medical leave beginning _____ and ending _____ due to a serious health condition.

- B. (I understand that I may elect to use my accrued sick leave and, if agreed to by my agency, accrued annual leave, and/or compensatory time; and, in so using this leave, any sick leave, annual leave, and/or compensatory time will count against my total 16-workweek entitlement to medical leave.)

- C. I understand that a medical certification of my "serious health condition," issued by my health care provider, must be attached to this application.

5. CONTINUATION OF HEALTH, (MEDICAL AND DEATH), AND LIFE INSURANCE

Do you wish to continue your health and any group life insurance benefit for which you pay a premium during any unpaid period of your family medical leave entitlement?

Yes (I understand that I am responsible for continuing to pay my share of the health benefit and/or group life premium. If I do not pay during this period, I understand that the funds will be recovered through increased payroll deductions upon my return to duty.)

No. I understand that by canceling my health and/or group life insurance benefits enrollment I cannot re-enroll in those programs until the earlier of (1) the next benefits "open season," or (2) upon satisfying a benefits enrollment event.

6. CERTIFICATION

I certify that the above statements are true to the best of my knowledge and belief and that I am eligible for benefits under the District of Columbia Family and Medical Leave Act.

Signature

Date

Return documents to:

**Elizabeth B. Banks
Sr. Employee Relations Specialist
Howard University
Office of Talent Management
Department of Employee Relations and EEO
525 Bryant Street, N.W.
Suite 108
Washington, DC 20059
202-806-5054**

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Approved

Disapproved

Signature of Approving Official

Date