



Request For a Medical Leave of Absence

A. General Information

Name:	Program/Department:	Employee ID#:	Date:
Original Date of Hire:		Date of Rehire:	

B. Eligibility Factors

Reason for Medical Leave (Medical Certification is required for a Medical Leave of Absence)

Own Illness/Injury
 Care of Ill Child, Spouse or Parent
 Pregnancy Disability
 Care of Ill Domestic Partner/CFRA ONLY
 Work Incurred Disability

C. Notice & Medical Certification Provisions

	Begin Date	End Date
1. Duration of Requested Leave	_____	_____
2. Duration of Intermittent Leave	_____	_____

Leave Explanation:

D. Employee Request

I request a medical leave of absence to begin on the date specified in Section C above. I understand my continued obligation to pay my required medical premiums in a timely manner during the leave, and that the Trust is authorized to recover health care premiums paid by the Trust on my behalf if I do not return from leave under certain conditions, unless I decline to continue that coverage during my leave by submitting a written waiver.

I acknowledge that if I am granted an approved Family and Medical Leave (FML), I will be guaranteed reinstatement to the same or a comparable position subject to the terms, conditions, limitations and exceptions provided by law. If I am not eligible for a FML leave, I understand that the Getty does not guarantee reinstatement from a Personal or Supplemental Leave. I understand that if I have any questions, I should contact Trust Human Resources.

I have read the Trust Leave of Absence Policy in the Getty Staff Handbook.

Employee Signature _____
Date

Supervisor Signature _____
Date

E. Trust Human Resources Action

Designation: *FML* *Supplemental* *Personal*

Other _____

HR Specialist Signature _____
Date