

Name _____

Date _____

Great Bay Community College

In accordance with the Family Medical Leave Act (FMLA) which requires that when leave can be anticipated, employees shall notify employers 30 days in advance, I hereby request that my upcoming medical leave be designated as FMLA qualifying.

I understand that I am eligible for FMLA when I have completed 12 months and 1,250 hours of service, during the twelve (12) consecutive months immediately before the leave, with the State of New Hampshire. FMLA allows for me to be absent from work for up to 12 weeks in a 12 month period due to my own serious health condition, to care for an immediate family member with a serious health condition, or for birth or adoption of a child. Leave may be taken on a consecutive or intermittent basis and may be paid or unpaid based on accrued leave. If this request for leave is deemed FMLA qualifying, I understand that the time designated as FMLA will be effective the first day of my absence from work due to this event. I also understand that CCSNH shall require medical certification of the need for leave.

I authorize my physician/practitioner to release medical information to CCSNH pertinent to the diagnosis,