



Leave Request Form

Please complete this form, sign, and email to leaves@du.edu.

Name: _____ DU ID: _____

Supervisor's Name: _____ Department: _____

I request a leave from _____ to _____
(Begin Date) (End Date)

Leave request for: Single block of time Intermittent time off Reduced work schedule

Complete this form to request protected family/medical leave under the Family Medical Leave Act (FMLA), the Colorado Paid Family and Medical Leave Insurance Act (FAMLI), and/or other state paid family and medical leave program.

In addition to submitting this form to HR Benefits, beginning January 1, 2024, employees who work and reside in Colorado will need to submit a claim for FAMLI benefits directly to New York Life. New York Life will evaluate the claim and inform both the employee and DU Human Resources of their determination and designation.

How to file a claim for FAMLI benefits

- Phone: 888.842.4462 or 866.562.4821 (Espanol) (Preferred Method)
- Online: myNYLGBS.com
- Email: AbsenceMangement@newyorklife.com

FAMLI coverage offers a percentage of your full wages, based on your average weekly wage rate. Although FAMLI leave only offers partial wage replacement, you may use other DU leave types to supplement FAMLI and compensate your full wages. This includes sick leave, vacation leave, paid parental leave and short-term disability.

Employers cannot require employees to use accrued vacation, sick leave, or other paid time off before or while receiving FAMLI, but employers and employees may mutually agree to supplement FAMLI benefits with vacation, sick leave, or other paid time off to provide up to full wage replacement. In addition, if FAMLI leave is taken for a reason that also qualifies for benefits from short-term disability, long-term disability, paid parental leave, and/or FMLA, the University will require that such leaves run concurrently.

Do you wish to use your accrued vacation, sick leave, or other paid time off to supplement FAMLI payments up to your full average weekly wages? Yes No

FOR BENEFITS USE ONLY: Check this box to indicate the University's mutual agreement for the employee's use of paid time off to supplement FAMLI leave: **Approved**

Reason for Leave (*certification may be required before leave can be approved*):

The birth of a child, adoption, or placement of a child with you for adoption or foster care, within the first year

Your own serious health condition

To care for your family member (as defined below) due to a serious health condition

Please specify the family relationship: You are the individual's: _____

Safe Leave

Qualifying exigency leave

Please specify the family relationship: You are the servicemember's: _____

To care for your family member who is a covered servicemember with a serious injury or illness.

Please specify the family relationship: You are the servicemember's: _____

I confirm that the information provided in this form is true and correct. I understand the University and/or its benefit administrator may require additional supporting documentation for my requested leave before it can be granted.

Employee Signature

Date

HRIC Approval Signature

Date

Definitions

Family Member

Except in rare circumstances in which the FMLA applies and FAML I does not, a family member means:

- Regardless of age, a biological, adopted or foster child, stepchild or legal ward, a child of a domestic partner, a child to whom the qualifying employee stands in loco parentis, or a person to whom the qualifying employee stood in loco parentis when the person was a minor;
- A biological, adoptive or foster parent, stepparent or legal guardian of a qualifying employee or qualifying employee's spouse or domestic partner or a person who stood in loco parentis when the qualifying employee or qualifying employee's spouse or domestic partner was a minor child;
- A person to whom the qualifying employee is legally married under the laws of any state, or a domestic partner of a qualifying employee;
- A grandparent, grandchild or sibling (whether a biological, foster, adoptive or step relationship) of the qualifying employee or the qualifying employee's spouse or domestic partner; or
- As shown by the qualifying employee, any other individual with whom the qualifying employee has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

Qualifying Exigency Leave

Under FAML I, qualifying exigency leave means leave based on a need arising out of a qualifying employee's family member's active duty service or notice of an impending call or order to active duty in the armed forces, including, but not limited to, providing for the care or other needs of the military member's child or other family member, making financial or legal arrangements for the military member, attending counseling, attending military events or ceremonies, spending time with the military member during a rest and recuperation leave or following return from deployment, or making arrangements following the death of the military member.

Under FMLA, qualifying exigency means when the qualified employee's spouse, child, or parent is a member of the Armed Forces and is on covered active duty, including when the military member is called to covered active duty status, or has been notified of an impending call or order to covered active duty. Covered active duty includes for members of the Armed Forces duty during deployment to a foreign country and for members of the National Guard and Reserves duty during deployment to a foreign country under a call or order to active duty in a contingency operation.

Military Caregiver Leave

Under FMLA, military caregiver leave means leave allowed for a qualifying employee who is the spouse, child, parent, or next of kin of a current servicemember or recent veteran with a serious injury or illness.

A serious injury or illness:

- is one that is incurred by a servicemember in the line of duty while on active duty that may cause the servicemember to be medically unfit to perform the duties of his or her office, grade, rank, or rating; and
- includes injuries or illnesses that existed before the servicemember's active duty and that were aggravated by service in the line of duty while on active duty.

Safe Leave

Safe leave means any leave because the qualifying employee or the qualifying employee's family member is the victim of domestic violence, the victim of stalking, or the victim of sexual assault or abuse and can be used for:

- Seeking a civil protection order to prevent domestic violence;
- Obtaining medical care or mental health counseling or both for the qualifying employee or for their children to address physical or psychological injuries resulting from the act of domestic violence, stalking, or sexual assault or abuse;
- Making their home secure from the perpetrator of the act of domestic violence, stalking, or sexual assault or abuse, or seeking new housing to escape said perpetrator; or
- Seeking legal assistance to address issues arising from the act of domestic violence, stalking, or sexual assault or abuse, or attending and preparing for court- related proceedings arising from those events.

Serious Health Condition

Under FAMILI, serious health condition means an illness, injury, impairment, pregnancy, recovery from childbirth, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider.

Under FMLA, serious health condition means one that makes the employee unable to perform the functions of their job, i.e., where a health care provider finds that the employee is unable to work at all or is unable to perform any one of the essential functions of the employee's position, including when an employee must be absent from work to receive medical treatment for a serious health condition.