



Person # _____
Doc: FMLA

Protected Family Leave Employee Request Form

Return to Human Resources Department

Protected Family Leave (PFL) is available if both spouses work for the same employer and request leave for the birth, placement, care, or bonding of a child within the first year after birth or placement. Each spouse will be eligible for up to 12 weeks of unpaid job protected leave in a 12-month period. The 12 weeks may include a combination of approved Family Medical Leave and Protected Family Leave. Each spouse must meet the eligibility requirements for Family Medical Leave Act: Employee must have been employed for at least 12 months and have worked at least 1,250 hours during the preceding 12-month period. Family Medical Leave must be exhausted prior to using Protected Family Leave.

Please complete the following request form and submit to Human Resources at least 30 days prior to leave. (This form does not replace the requirement for completing the Family Medical Leave application prior to using Family Medical Leave)

SECTION I – EMPLOYEE

EMPLOYEE’S NAME (print clearly):

SPOUSE NAME (print clearly):

I AM THE: Birthing Parent Non-Birthing Parent Adopting or Foster Parent

DEPARTMENT: _____

LENGTH OF TIME REQUESTED: START DATE: _____ END DATE: _____

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks, or months off work).
- For a reduced work schedule (change in work schedule needed-fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week).

Additional documentation or clarification of documentation may be required prior to making a final PFL determination to approve or deny a PFL leave request. Please contact Human Resource Leave Manager with any questions: 402-441-7597.

EMPLOYEE EMAIL WHILE ON LEAVE: _____ PHONE WHILE ON LEAVE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SECTION II - EMPLOYER

Date received: _____ PFL Eligibility Notice sent: _____ Initials: _____