



East Tennessee State University

Office of Human Resources • Box 70564 • Johnson City, Tennessee • 37614-1707 • Phone: (423) 439-4457 • Fax: (423) 439-8354

FMLA Employee Information Page

Name: _____ Employee E#: _____

Home Address: _____ Department: _____

City _____ State _____ Zip _____ Box #: _____

Phone: _____

Employment Date: ____/____/_____

Purpose of Leave Request:

_____ Employee _____ Parent _____ Spouse _____ Child - Child's Age _____

_____ Maternity Leave _____ Paternity Leave Date of Birth for Maternity/Paternity Leave: ____/____/_____

_____ Adoption, or Foster Care Placement Date of Adoption/Placement: ____/____/_____

*Please provide a copy of adoption placement papers and/or certificate

Leave Period:

Begin Date: ____/____/_____ End Date: ____/____/_____

Intermittent Leave: ____ Yes ____ No

Full Time Leave: ____ Yes ____ No

Workers Comp: ____ Yes ____ No

Leave Extension Request: ____ Yes ____ No

By signing below, I am stating that I understand that if my FMLA is approved, the "K" code should be used on my timesheet for any time missed based on the FMLA:

Employee Signature: _____ Date: _____

*Supervisor/Department Head Signature: _____ Date: _____

*Supervisor is not approving the FMLA; the approval is given by the Office of Human Resources. By signing, the supervisor is simply acknowledging that the employee has asked for FMLA.

Human Resource Officer: _____ Date: _____

Approved: _____ Not Approved: _____

** Certification of Physician or Practitioner form must be completed for approval. (Form WH-380)

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."