



Capital Area Health Consortium Request For Family Leave

For information about specific leave entitlements, contact Capital Area Health Consortium

(To be completed by Employee)

Employee Name _____
Residency Department _____
Home Address _____
City _____ **State** _____ **Zip Code** _____
Employee's Personal Phone No. _____
Employee's Personal Email _____

REASON FOR LEAVE: Family Leave (to attend to family responsibilities or care for the serious condition of a family member):

<p><u>Bonding/Parental Leave:</u></p> <p>___ Birth of child</p> <p>___ Adoption of child</p> <p>___ Placement of foster child</p>	<p><u>Caregiver Leave:</u></p> <p>___ Spouse ___ Child</p> <p>___ Sibling ___ Sibling-in-law</p> <p>___ Parent ___ Grandparent</p> <p>___ Spouse's parent ___ Spouse's grandparent</p> <p>___ An individual related by blood or affinity whose close association with the employee is the equivalent to one of the above listed family relationships.</p>
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Duration of Leave: (from) _____ (to) _____

TYPE OF LEAVE REQUESTED: (Check all that apply)

- Consistent Leave:** A continuous absence for a single qualifying reason (e.g., one month).
- Reduced Schedule Leave:** A leave schedule that changes your normal work schedule for a period of time by reducing the usual number of working hours per workweek or hours per day.
- Intermittent Leave:** Leave taken in separate blocks of time due to a single qualifying reason (not available for bonding/parental leaves).

ACCRUED TIME REQUIREMENT/TAXABILITY OF PAID LEAVE INCOME:

- For Family Leaves, vacation time must be used except for 2 weeks' vacation time that may be reserved (if available at the time of leave).
- FICA and FLI tax are not required on paid leave income and will not be withheld from paid leave income, resulting in higher net leave pay. We will continue to withhold Federal and State tax since leave pay is taxable.
- I understand that all available leaves will run concurrently at all times.

(Employee Signature)

(Date)

Return the completed form to Capital Area Health Consortium by email to cahcgroupp@uchc.edu or fax to (860) 676-1303.