

UINTAH BASIN MEDICAL CENTER
APPLICATION FOR FAMILY MEDICAL LEAVE

Name: _____ Department: _____

Mailing Address: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (Explain): _____

Note: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician. You must have your physician fill out the certification prior to taking a FMLA or the commencement of your leave may be delayed until certification is submitted.

Uintah Basin Medical Center requires that you substitute all accrued vacation and sick leave or other paid time off for unpaid FMLA leave. Payroll will be instructed to exhaust and substitute your accrued vacation and sick leave.

I hereby authorize UBMC to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family medical leave.

I understand that a failure to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by UBMC.

Signature: _____ Date: _____

Approved By:

Department Manager: _____ Date: _____

Director of Human Resources: _____ Date: _____