

APPLICATION FOR FAMILY, MEDICAL OR MILITARY LEAVE

Please check the type of leave requested:

☐ **Family Leave:** Up to twelve (12) weeks of leave for birth or placement of my child for adoption or foster care, provided the leave is concluded within 12 months from the date the child is born.

☐ **Medical Leave:** Up to twelve (12) weeks of leave for:

☐ my serious health condition which makes me unable to perform the essential functions of my position; ☐ my child's serious health condition; ☐ my spouse's serious health condition; or ☐ my parent's serious health condition.

For Family or Medical Leave, you must obtain a Certificate of Health Care Provider for you or your family member's serious health condition from a health care provider. The Certificate must be completed and returned to Human Resources, within 15 days from the date it is provided to you.

☐ **Emergency Military Leave:** Up to twelve (12) weeks of leave to attend pre and post-deployment activities related to a call for active duty for my ☐ spouse, ☐ son, ☐ daughter, or ☐ person who is member of National Guard or military reserves.

You must complete and obtain a Certificate of Qualified Exigency for Military Family Leave. The Certificate must be completed and returned to Human Resources, within 15 days from the date it is provided to you.

☐ **Military Caregiver Leave:** Up to twenty-six (26) weeks of leave to care for my ☐ spouse, ☐ parent, ☐ child or ☐ next of kin of member of the armed forces or reserves who has a serious illness or injury incurred while on active duty.

You must complete and obtain a Certificate of Serious Injury of Covered Service Member for Military Family Leave. The Certificate must be completed and returned to Human Resources, within 15 days from the date it is provided to you.

If you fail to provide the Certificate within the requested time frame or the Certificate is incomplete, Credit Union may delay leave until it is submitted/completed.

The anticipated duration of the leave is as follows:

Beginning and ending dates: _____

Request for Leave on an as-needed basis (Intermittent Leave) :

Employee's Signature

Date

THE GENETIC INFORMATION NON-DISCRIMINATION ACT OF 2008 ("GINA") PROHIBITS EMPLOYERS AND OTHER ENTITIES COVERED BY GINA TITLE II FROM REQUESTING OR REQUIRING GENETIC INFORMATION OF AN INDIVIDUAL OR A 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 TEST, THE FACT THAT AN INDIVIDUAL OR INDIVIDUAL'S FAMILY MEMBER SOUGHT OR RECEIVED GENETIC SERVICES, AND GENETIC INFORMATION OR A FETUS CARRIED BY AN INDIVIDUAL OR INDIVIDUAL'S FAMILY MEMBERS OR AN EMBRYO LAWFULLY HELD BY AN INDIVIDUAL OR FAMILY MEMBER RECEIVING ASSISTIVE REPRODUCTIVE SERVICES.