



UMASS LOWELL LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE NAME: _____ EMPLOYEE ID _____

DEPARTMENT: _____

UNION: OTHER MSP Faculty GRACE SEIU Maint/Trades/Clerical Police

SELECT LEAVE TYPE & ENTER LEAVE START DATE & LEAVE END DATE:

FULL

INTERMITTENT

REDUCED SCHEDULE

LEAVE START DATE: _____

LEAVE END DATE: _____

REASON FOR LEAVE (mark all reasons that apply):

Employee's Own Illness/Medical Condition

Family Medical for Spouse

Medical for Recovery from pregnancy/child birth

Family Medical for Child

___ Parental/Bonding

Family Medical for Other Eligible Family

STATE PFML:

Are you applying for benefits under Massachusetts PFML: YES NO

If answered No, please go to the Employee Signature Section.

If answered Yes, please mark all that apply from the following:

___ I am requesting UML to pay me during the 7-day PFML waiting period from my available accrued hours. After the waiting period, I am requesting No Pay from my available UML accrued time as I am choosing to receive pay while on leave solely from the state PFML benefit.

___ I am requesting No Pay from UML for the entirety of my PFML leave timeframe (including during the PFML waiting period.)

___ I am requesting to take advantage of the "Top Off" provision under PFML. I understand that once PFML approves my leave, which will include the weekly pay benefit I will receive from PFML, the UML Benefits Office will use that to calculate the number of hours per week I may be paid using my available accrued time thru UML.

Please Note: Leave is paid by the state PFML only if employee applies for and is approved for benefits by the state PFML. It is the employee's sole responsibility to submit an application to the Dept. of PFML for benefit consideration. The Dept. of PFML has their own leave application process that is in addition to the internal UML Leave paperwork.

REQUIRED SIGNATURES:

Employee Signature: _____ Date: _____

Employee's Manager Signature: _____ Date: _____

Benefits Office Signature: _____ Date: _____

ADDITIONAL INFORMATION TO KNOW:

Federal FMLA: Under federal FMLA, you have the right to take up to 12 weeks of unpaid leave for all FMLA eligible leave purposes within a 12-month period; at UMass Lowell, this 12-month period is calculated on a calendar year (January through December) basis. FMLA is not a choice made by the employee, if your leave meets the FMLA qualifications, your leave is designated by your employer as FMLA.

In most cases, Federal FMLA and State PFML run in conjunction with each other.

Pay While on Approved Leave: If employee does not apply for pay benefits under state PFML or is not approved for pay benefits under state PFML, leave is paid using employee's available UML accrued time. If employee does not have enough accrued time to cover part or all of leave timeframe, leave is coded as No Pay.

Employment: If this leave qualifies for federal FMLA and/or state PFML, I understand that I will be reinstated to my same position, or an equivalent position, with equivalent pay, benefits and other employment terms and conditions. I understand that failure to return from the approved leave within the agreed upon time frame may constitute a voluntary termination.

I have read the federal FMLA and state PFML Leave policy and the other appropriate policy(ies) specific to my absence and am aware of my responsibilities.

Created March 2025