FMLA LEAVE SUPPLEMENT FORM

Return the completed form to: Human Resources and Payroll, 4400 University Drive, MS 3C3, Fairfax, Virginia, 22030-3415

Leave Purpose: Any leave will be considered Leave without Pay unless leave is designated
❑ FMLA for Self
❑ FMLA for FAMILY (❑ I elect to use ⅓ of sick leave for family FMLA)

Personal Information

Name Last_____ First_____ **G#** _____

Expected Return Date _____ **Preferred Contact Phone** _____

Department _____ **Supervisor's Name** _____ **Supervisor's Phone:**_____

How I Want to Use My Leave

To check your available leave balances, go to https://patriotweb.gmu.edu/
If you do not select the leave types you want to use on this form,
your leave will be used in the default order that appears below.

SECTION A	SECTION B	
	Leave Type	Apply Leave in This Order
❑ I DO NOT want to use leave balances to supplement my income while on leave. ❑ I want to use my leave balances to supplement my income while on FMLA. (Check order of desired leave usage)	❑ Sick Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Family & Personal Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Compensatory Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Overtime Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Retention Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Recognition Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑
	❑ Annual Leave	1 2 3 4 5 6 7 ❑ ❑ ❑ ❑ ❑ ❑ ❑

Employee Certification

I understand that this election will be effective the beginning of the applicable pay period in which this form is received by Human Resources. There will be no retroactive leave usage. Until this form is received by Human Resources, I understand that I will be on a Leave without Pay status. I have the option to make a one-time change to my leave election. To make this one time change, I must submit a new form to Human Resources. I understand that this change may only be made once, and will be effective on the first day of the following pay period in which the form is received by Human Resources.

_____ _____
Employee Signature   Date

Special Notes:

1. Any discrepancies that appear to result in <u>over-payment</u> or <u>under-payment</u> must be reported to the Payroll Supervisor immediately. Lack of notification of over-payment or under-payment can result in docking of future pay to recover funds. Any over-payment of benefits <u>must be reimbursed immediately</u> to George Mason University.

2. Leave accruals **will cease** after employee is on leave for **90 calendar days**.

3. FMLA is **Leave Without Pay** unless leave supplement is designated on this form.

4. VSDP employees do not receive Sick and F/P leave credits on January 10 if they are on FMLA Leave Without Pay. Leave will be applied when employees return to active employment.