



# FMLA LEAVE 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 1/3 of sick leave for family FMLA)
- Other \_\_\_\_\_

## 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                                       | Hours to Use   | Apply Leave in This Order  |                          |                          |                          |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> I DO NOT want to use leave balances to supplement my income while on leave.<br><br><input type="checkbox"/> I want to use my leave balances to: (check all that apply) | <input type="checkbox"/> Sick Leave              | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1                        | 2                        | 3                        | 4                        | 5 | 6 | 7                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1  | 2  | 3  | 4                        | 5                        | 6                        | 7                        |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <input type="checkbox"/> Family & Personal Leave | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1                        | 2                        | 3                        | 4                        | 5 | 6 | 7                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1  | 2  | 3  | 4                        | 5                        | 6                        | 7                        |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <input type="checkbox"/> Compensatory Leave      | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1                        | 2                        | 3                        | 4                        | 5 | 6 | 7                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1   | 2  | 3  | 4  | 5                        | 6                        | 7                        |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Overtime Leave   | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1  | 2                        | 3                        | 4                        | 5                        | 6 | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 1   | 2  | 3  | 4  | 5                        | 6                        | 7                        |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Retention Leave  | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1  | 2                        | 3                        | 4                        | 5                        | 6 | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 1   | 2  | 3  | 4  | 5                        | 6                        | 7                        |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Recognition Leave  | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1  | 2                        | 3                        | 4                        | 5                        | 6 | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 1   | 2  | 3  | 4  | 5                        | 6                        | 7                        |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Annual Leave   | Use _____ hours OR<br>Use until balance = _____  | <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | 1  | 2                        | 3                        | 4                        | 5                        | 6 | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 1   | 2  | 3  | 4  | 5                        | 6                        | 7                        |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |                          |                          |                          |                          |                          |                          |                          |                          |

## Employee Certification

I understand that the choice(s) I have indicated above will be effective the beginning of the pay period in which this form is received by HR. THERE WILL BE NO RETROACTIVE LEAVE USAGE. Until this form is received in HR, the employee is in a Leave without Pay status. Once established, leave allocation changes may only be made effective on the first day of a new pay period. To make any changes to leave allocations, a new form must be submitted.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Special Notes:

1. Any discrepancies that appear to result in over-payment or under-payment 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 must be reimbursed immediately to George Mason University.
2. Leave accruals will cease after employee is on leave for 60 work days.
3. FMLA is Leave Without Pay unless leave supplement is designated on this form.
4. Employees on STD do not receive Sick and F/P leave credits on January 10 if they are receiving disability benefits. Leave will be applied when employees return to active employment.