



**EMPLOYEE REQUEST FOR FMLA LEAVE, PERSONAL LEAVE, MILITARY LEAVE, OR REASONABLE ACCOMMODATION**

LAST NAME	FIRST NAME	JOB TITLE	TODAY'S DATE	DATE OF HIRE
CURRENT HOME ADDRESS			PHONE NUMBER	
EMAIL ADDRESS		SITE		

**STEP 1 – WHAT IS THE REASON FOR REQUESTING A REASONABLE ACCOMMODATION FOR LEAVE**

MY OWN LEAVE:

- Pregnancy, pregnancy-related condition, or prenatal care
- The birth of a child, or placement of a child with me for adoption or foster care
- My own serious health condition
- A work-related injury for which a workers' compensation claim has been filed
- Call to Active Military Duty
- Personal/Other: \_\_\_\_\_

LEAVE FOR A FAMILY MEMBER:

- To care for the following family member with serious health condition: \_\_\_\_\_
- For a Qualifying Exigency due to the covered active duty status or call to active duty
- To care for a covered service member with a serious injury or illness
- Call to Active Military Duty
- Personal/Other: Explain: \_\_\_\_\_

ACCOMMODATION:

- To be able to perform the essential functions of your position
- To be able to enjoy certain benefits or privileges of employment (e.g., training)
- Other: \_\_\_\_\_

**STEP 2 – IF REQUESTING LEAVE, WHAT ARE THE DAYS YOU ARE REQUESTING OFF**

*The Medical Certification you provide must match the days which you are requesting off*

The requested time will be taken:

- As a block of time: Commencing: \_\_\_\_\_ Anticipated Date of Return: \_\_\_\_\_
- Intermittently: \_\_\_\_\_ hours/days per week/month. Commencing: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_
- Reduced Hours Schedule: \_\_\_\_\_ Commencing: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

**STEP 3 – ACCRUED VACATION AND PERSONAL TIME**

*Accrued vacation and personal time is paid on regular pay dates until it has been exhausted.*

*Vacation and personal time do not accrue while on leave.*

CURRENT VACATION HOURS	CURRENT PERSONAL HOURS	AS OF DATE
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**STEP 4 – BENEFIT STATUS**

BENEFIT STATUS

- I **DO** have health, dental, vision, supplemental, or retirement benefits through M2
  - I **DO NOT** have health, dental, vision, supplemental, or retirement benefits through M2
- If you checked "do not", skip to Step 5
1. M2 will continue to pay the company portion of the premiums while I am out on a qualified leave of absence

2. I am responsible for paying my portion of the benefits while on leave
3. Children will need to be added to the group insurance within 30 days of the event date (adoption date, birth date, etc.)
4. M2 will provide additional benefits information upon APPROVED Leave of Absence

#### STEP 5 – RENT CREDITS & REIMBURSEMENTS

##### RENTAL STATUS

- I DO receive a rental credit through M2
  - I DO NOT receive a rental credit through M2  
If you checked “do not”, skip to Step 6
1. M2 will continue to offer rent credit for the first month while I am out on a qualified leave of absence
  2. I am responsible for paying my portion of the rent while on leave
  3. If payments are not made on time, you may risk being evicted
  4. Absences beyond 30 days will need to be discussed prior to leave to determine further rental accommodations
  5. Payroll reimbursements will not be paid while on a qualified leave of absence

#### STEP 6 – ACCEPTABLE CERTIFICATION DOCUMENTATION

*All forms referenced below are available from your Property Manager, Regional Manager or Human Resources Director. Other Medical Provider notes are accepted if they provide adequate information addressing the leave of absence.*

##### MY OWN LEAVE (except military leave):

- Yes, a completed medical certification is attached (for birth, serious health condition, surgery, workers comp)
- Yes, a birth certificate or proof of placement of a child through adoption or foster care is attached (for benefit purposes)
- No, but the required documentation will be provided within 15 calendar days from the date of this request

##### LEAVE FOR A FAMILY MEMBER:

- Yes, a completed medical certification for serious health condition of my family member is attached
- Yes, a completed Certification for Serious Injury or Illness of covered service family member is attached
- Yes, a completed Certification of Qualifying Exigency leave for Military Family Leave is attached
- No, but the required documentation will be provided within 15 calendar days from the date of this request

#### STEP 7 – YOUR RIGHTS AND RESPONSIBILITIES UNDER FMLA (FAMILY AND MEDICAL LEAVE ACT)

1. In order to qualify for FMLA leave an associate must (i) have worked for M2 Property Group for at least twelve months; (ii) have worked at least 1,250 hours during the one year period before the leave is to begin, and (iii) be employed at a worksite with 50 or more associates within a 75 miles radius of the worksite. If you don't meet these qualifications, you may be eligible for a personal leave of absence.
2. If I meet the qualification requirements for FMLA in no. 1 above, I have the right to take up to 12 weeks of unpaid, job-protected leave in a 12-month period (i) to care for a newborn child or a child newly placed in my care through adoption or foster care (and the leave is to be taken within one year of the birth or placement), (ii) for my own serious health condition, (iii) to care for my parent, spouse, or child with a serious health condition, or (iv) because of a qualifying exigency arising from the fact that my parent, spouse, son, daughter, or next of kin is on covered activity military duty. The 12-month period for these purposes is a rolling 12-month period beginning the first date of my leave and expiring after 12 weeks (unless for care of a covered service member).
3. I have the right under FMLA to take up to 26 weeks of unpaid, job-protected leave in a single 12-month period to care for a covered service member who has a serious injury or illness incurred in the line of duty while on active duty. The single 12-month period for this leave begins the first day I take FMLA leave for this purpose and ends 12 months after that.
4. If I take intermittent or reduced hours FMLA leave that is foreseeable based on planned medical treatment for me, a family member, or covered service member, M2 may temporarily transfer me to another position for which I am qualified to better accommodate that leave.
5. Workers' compensation leave will run concurrent with FMLA leave.
6. While on leave it is my responsibility to report to my direct supervisor every \_\_\_\_\_ weeks (as agreed), regarding my status and intent to return to work
7. I will notify my direct supervisor at least five days before the end of my leave to confirm my intent and ability to return to work. If any circumstances of my leave change at any time, I agree to notify my direct supervisor within two (2) business days.
8. If I return to work within the FMLA-covered leave period, I have the right to be restored to the same position I held before taking the leave or to an equivalent position in terms of pay, benefits, and working conditions, except if I would not have otherwise been employed in such position even if I had not taken FMLA leave or if I am a key employee and have been given notice of the non-reinstatement.
9. If my leave extends past the protected amount of time, I may not be eligible for the same reinstatement benefits.

#### STEP 8 – YOUR RIGHTS AND RESPONSIBILITIES UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

1. If my accommodation is a leave of absence (LOA), while on leave it is my responsibility to report to my direct supervisor every \_ weeks (as agreed), regarding my status and intent to return to work.
2. If my accommodation is a LOA, I will notify my direct supervisor at least five days before the end of my leave to confirm my intent and ability to return to work. If any circumstances of my leave change at any time, I agree to notify my direct supervisor within two (2) business days.

