



Personal Medical Leave Application

Applies only to medical absences of more than three weeks in a calendar year (15 working days).

Eligibility: AC1 full time academic appointee; does not include adjuncts (AC2) or student academic appointees (AC3).

Limits: as medically necessary: six weeks fully paid, nine weeks half-pay to the end of the semester (10-month employees); total per calendar year.

Name: _____ Department: _____ University ID: _____

Role/position (e.g., lecturer): _____

Requesting medical leave of absence for the period of _____ to _____

Leave will be partial. Partial leave form attached.

For the employee’s serious medical condition. (A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that prevents the employee from performing the functions of the employee’s job. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing or incapacity due to pregnancy or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.)

I certify that this request is for a serious medical condition as defined above. I will submit medical certification as soon as possible (no later than 15 days), using form [FMLA 2E Medical Certification for Employee](#). On this form, leave blank Section 2 and questions 7 and 8 in Section 3. For pregnancy, submit a description giving the anticipated date of birth (no medical professional certification needed.)

I am a **pre-tenure, tenure-track librarian or faculty member**. I understand that I should discuss with my chair or dean whether to request an extension of the probationary period.

Please note: *If a user initiates an Adobe Digital Signature for a field below, the form will be locked and no longer allow edits or additions in the fillable fields. A typed name is sufficient for Office of Academic Affairs files.*

_____ Applicant Signature

_____ Date

_____ Chair/Supervisor Signature

_____ Date

Human resource staff: Attach signed copy of this form to eDoc for leave. Keep certification form within the school. Employee may elect to submit certification to Office of Academic Affairs and you can contact us with any questions at acadhr@iupui.edu.