



**PLAINSBORO TOWNSHIP
APPLICATION FOR FAMILY AND MEDICAL LEAVE
AND/OR NEW JERSEY FAMILY LEAVE**

**Return completed application to Human Resource Office, Plainsboro Township, 641
Plainsboro Road, Plainsboro, NJ 08536**

Name: _____ Department: _____

Title: _____ Date of Request: _____

Current Address: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave:

- I request family leave to care for my newborn child, my newly adopted child, or a newly placed foster child in my home.
- I request family leave to care for my family member with a serious health condition.
- I request family leave to care for: Spouse Civil union partner (NJFLA only)
 Parent Child Parent-in-law (NJFLA only)

Name of Family Member: _____

Address: _____

- I request medical leave to care for my own serious medical condition. Briefly describe serious health condition:

- I request a military family medical leave.

Method of Leave Requested:

- Consecutive Leave
- Intermittent or Reduced Leave Schedule (specify schedule below)

The availability of intermittent or reduced leave depends upon the reason for the leave. (The Township provides intermittent or reduced leave as required by law.)

Substitution of Paid Leave: Generally FMLA/NJFLA leave is unpaid. You must substitute accrued paid time off toward FMLA/ NJFLA leave if available. In addition, if you qualify for paid leave under the New Jersey Paid Family Leave Law, this leave will run concurrently with the FMLA and/or NJFLA. Any remaining time that you qualify for under the FMLA/NJFLA will be unpaid.

Any leave request that involves a health condition, military care giving, or a qualifying exigency under military family medical leave, must be accompanied by the appropriate verifying Certification of Health Care Provider. The certification must be submitted in a timely manner. I understand that if I do not provide a complete certification or if the certification is deficient and I do not cure the deficiencies within the time provided, my request for leave will be denied.

I understand that if my family or medical leave exceeds that which is provided by applicable law (12 weeks or 26 weeks for military care giving) the Township may terminate my employment in accordance with applicable law, unless the Township has granted an extension under another applicable leave policy. If my request for a leave is approved, it is my understanding that unless the Township has authorized an extension of my leave in writing, I must report to duty on the first workday following the date my leave is scheduled to end.

I certify that the information provided in this application is true and accurate and that I am eligible for the leave programs for which I have applied. I authorize Plainsboro Township to contact my health care provider to verify the reason for my leave or to verify any other information on this application concerning my request for leave under the FMLA or NJFLA. In addition, I understand that making a false statement on this document is a violation of Township Policy and may result in disciplinary action up to and including termination. It may also be subject to criminal penalty.

Signature: _____ Date: _____

Your request for leave is: _____ APPROVED
_____ DENIED (Reason for Denial) _____

Employer Representative Name Signature Date