

Information for Employee on Completion of Medical Leave Request Form (MLR)

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. You must complete all fields and check all appropriate boxes in Section I.
 - a. Above Section I, select the appropriate request type. If you are not already approved for a leave of absence for the current reason, select NEW leave of absence. If you have already submitted a request for this reason but the dates or other information has changed since the original request was submitted, select REVISION. To request an extension of a current and previously approved leave of absence, select EXTENSION.
 - b. Please enter the requested personal information in each field.
 - c. Select the REASON you are requesting leave. If the leave is for a family member, provide their information. (To select Spouse, you must be legally married.) Use one form per family member. Please note that medical documentation (such as a UCF Certification of Health Care Provider form) must be provided with each request except Military Exigency which requires a completed Certification of Qualifying Exigency for Military Family Leave Form.
 - d. Select the type of leave: full (or continuous), intermittent, or reduced work schedule. During a full leave, an employee does not work for a continuous period. Intermittent Leave is when an employee may take time off for irregular periods of time. A reduced work schedule leave is when an employee is requesting a change in their normal work hours to less than full-time. When requesting a reduced work schedule, the employee must also attach a proposed work schedule. To work from home, you must also submit a completed UCF Telecommuting Agreement. A health care provider must support the dates and reason for your request (except Military Exigency).
 - e. Enter your requested leave beginning and ending dates and the date and time you plan to return to work (generally the day after the leave ends).
 - f. Check the appropriate box(es) if you want to use accrued leave, compensatory time, and/or take leave unpaid. You will still need to submit LAPERs to notify your department how you wish to be paid (or not paid) for time off.
 - g. Please indicate whether you have requested or will request hours from the sick leave pool. It is your responsibility to forward the request for sick leave pool hours and any necessary documentation to your HR Leave Specialist.
3. Once Section I is completed, submit the form to your department for the completion of Section II. USPS or A&P employees submit to your immediate supervisor and Faculty submit to the department chair. Once Section II is completed, the department forwards to the HR Leave Specialist.
4. ***Send your separate medical or exigency documentation directly to Leave Administration to maintain confidentiality.***
5. You will receive notification of approval or denial of the requested medical leave of absence via email. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771, or you may email questions to loandworkcomp@ucf.edu.
6. You will be expected to provide a completed Intent to Return to Work and Medical Release Form or inform your supervisor and Leave Specialist when it will be available by the date stated in your approval letter. A medical release is not required for intermittent leaves or if the leave is for a family member. Should you require a leave extension, you must provide an "Extension" Medical Leave Request Form (MLR) and corresponding documentation. If you are unable to return to work at all, you may also submit your written resignation.
7. ***You are responsible for payment of your benefits premiums. If, for any reason, the premiums are not deducted from your paycheck it is your responsibility to immediately contact the HR Benefits Section at 407-823-2771 and arrange to pay your premiums. Otherwise, your benefits will be suspended and unusable until all back payment is received and processed.***

Information for Departments on Completion of Medical Leave Request Form (MLR)

1. Your employee will complete Section I and submit to the department for the completion of Section II.
2. This request for leave must have Departmental Acknowledgment Signatures by the Chair and Dean/Director for Faculty or by the Supervisor and Director/Dean for USPS and A&P.
3. All Medical Leave Request Forms (MLR) must be completed and forwarded by the department to UCF HR Leave Administration within 48 hours of receipt to ensure compliance with federally mandated deadlines.
4. The final approval or denial authority for medical leaves of absence has been delegated to the Chief Human Resources Officer (or their designated representative).
5. Your employee should submit LAPERs to notify your department how they wish to be paid (or not paid) for time off.
6. ***An Intent to Return to Work and Medical Release Form is required for all employees who are returning to work after a full or reduced work schedule medical leave of absence for their own illness (including those who will work from home). An employee on intermittent leave or on any leave to care for a family member submits an Intent to Return Form only; a medical release is not required. The department then submits an ePAF to return the employee back to active pay status.***
7. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771 or you may email questions to loandworkcomp@ucf.edu.