



# FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE RETENTION

Employees qualified for FMLA leave, are eligible to retain up to 80 hours of accrued vacation each fiscal year.

**Employee's Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Last Four Digits of SSN:** \_\_\_\_\_

**Check the appropriate space below:**

I decline to participate.

I elect to participate and will retain \_\_\_\_\_ hours of accrued vacation (up to 80 hours).

**NOTE:**

**ONLY ONE LEAVE RETENTION AGREEMENT WILL BE USED FOR ALL FMLA INSTANCES WITHIN A FISCAL YEAR.**

**YOUR ELECTION CAN BE DECREASED, BUT NOT INCREASED DURING YOUR PERIOD OF ELIGIBILITY. YOU CANNOT RETAIN MORE HOURS THAN YOU HAVE IN YOUR VACATION BANK.**

**YOU MUST SUBMIT THIS FORM TO YOUR EMPLOYER NO LATER THAN SEVEN (7) CALENDAR DAYS FROM THE DATE YOU RECEIVE THE FMLA DESIGNATION NOTICE APPROVING FMLA LEAVE.**

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Leave Manager Signature*

\_\_\_\_\_  
*Date*

cc: Employee's Supervisor  
Employee