

**UNIVERSITY OF ARKANSAS AT MONTICELLO**  
**FAMILY MEDICAL LEAVE NOTICE ACKNOWLEDGMENT**  
(For Unforeseeable FMLA Leave)

When the approximate timing of the need for leave is not foreseeable, an employee must provide the employer as soon as practicable under the facts and circumstances of the particular case. It generally should be practicable for the employee to provide notice of leave that is unforeseeable within a time prescribed by the employer's usual and customary notice requirements.

**I. Personnel Information:**

Employee Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Hire Date \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department \_\_\_\_\_

**II. Receipt of "Employee on Leave Information", (Check all boxes that are applicable):**

(Name) \_\_\_\_\_ (Relationship-spouse, adult family member, or other responsible party) \_\_\_\_\_ on \_\_\_\_\_ (Date) has given "employee on leave information" (that may be for a FMLA-qualifying reason) to the UAM Personnel Office representative for the reason noted in section III below.

Other - Explain \_\_\_\_\_  
\_\_\_\_\_

Date of leave to begin on \_\_\_\_\_ and is expected to end on \_\_\_\_\_

**III. Reason(s):**

- For birth of a son or daughter, and care for the newborn child.
- For placement with the employee of a son or daughter for adoption or foster care.
- To care for the employee's spouse, son, daughter, or parent with a serious health condition.
- Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.
- Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of contingency operation.
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, or parent or next of kin of the service member.

**Relay to spokesperson that the employee must provide sufficient information for the University to reasonably determine whether the FMLA may apply to the leave request.** \_\_\_\_\_

\_\_\_\_\_ Initial \_\_\_\_\_ Date

**IV. Recipient of "Employee on Leave Information":**

Personnel Office Representative Signature \_\_\_\_\_ Date \_\_\_\_\_