

# MERCER UNIVERSITY

## FMLA Leave Periodic Status Report

**Employee:** Please be advised that pursuant to the federal Family and Medical Leave Act, we are entitled to make periodic inquiries regarding any changes in your status and intentions to return to work at the conclusion of your leave. Accordingly, please complete this form and return it to Human Resources, to the attention of Diane Baca, on or before \_\_\_\_\_.

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Leave Request Dated: \_\_\_\_\_ Approved By: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

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I hereby reaffirm my intention to return to work on \_\_\_\_\_; or

You are hereby advised that I no longer intend to return to work on my scheduled return-to-work date for the following reason:

\_\_\_\_\_

I request a new return-to-work date of \_\_\_\_\_; or

I do not intend to return to work.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_