

MA PAID FAMILY MEDICAL LEAVE FORM

Employee Name:

Department/Unit:

Appointment Type (Postdoc or Research Associate):

Estimate leave dates: From

To:

I am requesting the following intermittent leave: yes/no.

If yes, I am requesting the following schedule.

Child's Due Date / Placement Date, if applicable: [Date]

Reason for Leave:

- ☐ Birth, adoption, or placement of a foster child
- ☐ For a serious health condition that makes the employee unable to perform the essential functions of their job
- ☐ To care for a family member with a serious health condition
- ☐ To care for a covered servicemember with a serious injury or illness (employee's spouse, child, parent, or next of kin)
- ☐ For any qualifying exigency arising out of the fact that an employee's family member is on active military duty or call to covered active-duty status

Please note that, **all leave claims must be submitted to the Lincoln Financial Group (LFG)**, and all leaves, including leave changes, are processed and approved by the LFG. In order to file a claim for leave, please visit [My Lincoln Portal](#) and click on "Register for an account" under the "Log In" button. The Employer Code is "Harvard" (not case sensitive). Instructions are provided on the website throughout the leave submission process. Alternatively, you can call the Harvard-dedicated Lincoln phone number at 1-844-600-3978, available 8 a.m. to 10 p.m. EST, Monday through Friday.

A detailed overview of the new benefits and important information about how to apply for these leaves may be found in these policy summaries:

- For [Postdocs](#)
- For [Research Associates](#)

Signature

Date

Return signed original via email to your unit administrator