

State of Michigan  
Civil Service Commission  
**EMPLOYEE BENEFITS DIVISION**  
400 South Pine Street, P.O. Box 30002  
Lansing, Michigan 48909  
800-505-5011

**FAMILY MEDICAL LEAVE OF ABSENCE FORM**

**Instructions:** This form is used by the Human Resource Office to report Family Medical Leave of Absence (FMLA) to the Employee Benefits Division. This information is used for the extension of Health, Dental and Vision insurance under FMLA and for the collection of premiums. Please FAX this form to the Employee Benefits Division at 517-284-0078 as soon as possible.

<b>Preparer Name</b>	<b>Preparer Telephone Number</b>
<b>EMPLOYEE INFORMATION</b>	
<b>Employee ID Number</b>	<b>Name</b>
<b>Last Day In Pay Status (MM/DD/YYYY)</b>	<b>FMLA Pay Period End Date (MM/DD/YYYY)</b>