

State of Michigan
Civil Service Commission
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909
(800) 505-5011 or (517) 373-7977

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) 373-3174 as soon as possible.

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