

**BRYN MAWR COLLEGE  
FAMILY AND MEDICAL LEAVE ACT OF 1993**

EMPLOYEE'S FORM

I am requesting leave from \_\_\_\_\_ through  
\_\_\_\_\_. I understand that if I do not return to  
work on the expiration of my leave (unless I have written certification from my  
healthcare provider that I am too ill to return to work), I will owe Bryn Mawr  
College the cost of my medical and dental insurance premiums paid during my  
leave.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT/TYPE NAME