

**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