

Medical Leave/FMLA Request Form

This form should be completed at least 30 days in advance of the need for a medical leave. If the 30 day advance notice is not possible, notice should be provided as soon as possible.

Employee Name: First name Last name	Dept/Job Title	Ext:
		Hm Ph:
Home Address: Street, City, State, Zip Code		
Status: (Please circle) Temporary	Administrative Faculty Clerical	Full-Time Part-Time
Hire Date:	Supervisor:	Ext.

Reason for medical leave request. Please check one and complete.	
<input type="checkbox"/>	Maternity ---Expected date of birth _____ Do you plan to take additional family leave time (using vacation or unpaid time) after you are medically released from your doctor to return to work? Yes No If yes, number of vacation days to be used _____ and number of unpaid days to be used _____.
<input type="checkbox"/>	Surgery Date of surgery: _____ Expected period of disability: _____
<input type="checkbox"/>	For a serious health condition that makes me unable to perform my job. Leave to start: _____ Expected period of disability: _____
<input type="checkbox"/>	Serious health condition affecting your ___ spouse, ___ child, ___ parent, for which you are needed to provide care. Leave to start: _____ Expected length of leave _____
<input type="checkbox"/>	Call to Duty Leave: Eligible employees may take up to 12 weeks on unpaid leave for a “qualifying exigency”, for the employee’s spouse, son, daughter or parent in the National Guard or the Reserves being notified of an impending call or order to active duty. Leave to start: _____ Expected length of leave _____
<input type="checkbox"/>	Military Caregiver Leave: Eligible employees may take up to 26 weeks of unpaid leave to care for a spouse, son, daughter, parent or next of kin service member with a serious injury or illness incurred in the line of duty on active duty. Leave to start: _____ Expected length of leave _____

Employee's signature		Date	
Supervisor's signature		Date	

This form must be signed by both employee and supervisor. Please submit completed form to: Genny Hughes, Disability Claims Manager, Room 202A, Fisher Hall or fax to 412-396-5363.