

## Family Medical Leave Act - AFSCME, PSSU, SPFPA Request for FMLA/SPF Absence

<b>EMPLOYEE INFORMATION:</b>		
Employee Name	Personnel Number	Preferred Telephone Number (optional)
University	Preferred E-mail Address (optional)	

**INSTRUCTIONS**  
 Complete this form to request an absence in accordance with the Family and Medical Leave Act (FMLA). Consult with your FMLA/SPF Coordinator to determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/SPF absence cannot be used for approved work-related injuries. Reference the *Notice to Employees* for additional information. **Changes to leave elections must be made on a subsequent Request for FMLA/SPF Absence form and will be applied to absences prospectively.**

**REASON FOR ABSENCE (check one)**

- My Own Serious Health Condition (*Employee Serious Health Condition Certification* is required)
- To Care for a Family Member (*Family Member Serious Health Condition Certification* is required)  
 Name of Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Age (if child)\* \_\_\_\_\_
- \*NOTE: For child 18 years or older, the *Adult Child Certification of Disability* is required
- For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

**AMOUNT OF LEAVE NEEDED (check all that apply; use estimated date if actual dates are unknown)**

- Full-time absence from \_\_\_\_\_ through \_\_\_\_\_
  - Intermittent absences from \_\_\_\_\_ through \_\_\_\_\_  
*(sporadic absences, may be unpredictable in nature)*
  - Reduced-time absences from \_\_\_\_\_ through \_\_\_\_\_  
*(set, recurring absence, e.g., work 4 hours per day or off every Monday. For reduced-time absences due to the birth, adoption, or foster care placement of a child, approval will be consistent with operational needs; please discuss the work times with your supervisor prior to request.)*
- Proposed Reduced-time Schedule: \_\_\_\_\_

**LEAVE ELECTIONS (check all that apply)**

The use of all applicable accrued (actual) sick leave is mandatory and automatically applied for absence reasons that sick leave is ordinarily used before any other *optional* paid absence type is applied. For full-time absences, leave will be applied in the order listed below unless you provide other instructions in the space provided below.

- |  |  |
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| <p><b>Accrued (Actual) Leave</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Sick (or Sick Family and Additional Sick Family)</li> <li><input type="checkbox"/> Annual</li> <li><input type="checkbox"/> Personal</li> <li><input type="checkbox"/> Holiday</li> <li><input type="checkbox"/> Compensatory</li> </ul> | <p><b>Anticipated Leave**</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sick (or Sick Family)</li> <li><input type="checkbox"/> Annual</li> <li><input type="checkbox"/> Personal</li> </ul> |
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**If no leave election boxes are checked, unpaid leave will automatically be applied after all applicable sick leave is exhausted.**

- Unpaid Leave
- \*\* NOTE: If you elect anticipated leave and then commence unpaid SPF Absence, it will result in a negative anticipated leave quota. Additionally, if you separate from employment, it will result in a debt that will need to be recouped.

**SPECIAL INSTRUCTIONS FOR USING LEAVE**

- Please save \_\_\_\_\_ accrued/actual sick days (10 days maximum)

**ACKNOWLEDGEMENT - I have read and understand the information and leave elections on this form.**

Signature	Date
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**Return completed form to:** Anna P. Shively, Benefits Manager/SPF Absence Coordinator  
 1011 South Drive, Sutton Hall, Room G-8  
 Indiana, PA 15705  
**Phone:** (724) 357-4567 **Fax:** (724) 357-2685 **Email:** ashively@iup.edu