

Request for Military Caregiver Absence

Family and Medical Leave Act

AFSCME & PSSU

| EMPLOYEE INFORMATION: | | |
|-----------------------|----------------------------|----------------------------------|
| Employee | Personnel Number | Home Telephone Number (optional) |
| University | Work Location | |
| Supervisor Name | Timekeeper Name (optional) | |

REQUEST INFORMATION:

I am requesting Military Caregiver Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed *Serious Injury or Illness of a Servicemember Certification or Serious Injury or Illness of a Veteran Certification* form within 15 days to support the request which will be reviewed for approval within five business days.

1. This request is for absence due to the serious illness or injury of the below covered servicemember.

| | |
|-----------------------|--------------|
| Name of Family Member | Relationship |
| | |

2. Is this your first request for this Military Caregiver Absence event? Yes No

3. I anticipate being absent from work during the following time period due to this event:

Full-Time Absence

| | | |
|-----------|----|---------|
| From Date | TO | To Date |
| | | |

Intermittent or Reduced-Time Absence

| | | |
|-----------|----|---------|
| From Date | TO | To Date |
| | | |

OR

3a. For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode?

4. I am electing to use the following absence types, if they are available. **Check all that apply.** If requested, paid absences must be used before using unpaid leave for each absence. Absence types requested to be used will be applied in the order below (accrued leave first) unless another order is requested in the "Comments" section below. **Please note that accrued sick family, accrued additional sick family (when applicable), accrued annual/combined, accrued personal, accrued holiday and accrued compensatory are mandatory and automatically applied before any other absence type is applied. In addition, changes to the leave election below must be made on a subsequent Request for Military Caregiver Absence form and will be applied to absences prospectively.**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Accrued Sick Family and Additional Sick Family (mandatory when applicable) | <input type="checkbox"/> Anticipated Sick Family (optional) |
| <input checked="" type="checkbox"/> Accrued Annual / Combined (mandatory) | <input type="checkbox"/> Anticipated Annual / Combined (optional) |
| <input checked="" type="checkbox"/> Accrued Personal (mandatory) | <input type="checkbox"/> Anticipated Personal (optional) |
| <input checked="" type="checkbox"/> Accrued Holiday (mandatory) | |
| <input checked="" type="checkbox"/> Accrued Compensatory (mandatory) | |

After using accrued sick family, accrued additional sick family, accrued annual/combined, accrued personal, accrued holiday, accrued compensatory and other paid leave indicated above, unpaid military caregiver absence will automatically be applied.

- Unpaid Military Caregiver Absence

Comments:

SIGNATURE: I have read and understand my leave elections above.

| | |
|-----------|-----------------|
| Signature | Date of Request |
| | |

Please return this form to either your supervisor (who will provide it to Human Resources) or return it directly by mail or fax to: IUP Office of Human Resources, 1011 South Drive, Sutton Hall Room G-8, Indiana, PA 15705, (724) 357-2431, (724) 357-2685 (fax)