

Request for Extended, Intermittent or Reduced Time Sick, Parental or Family Care Leave Faculty, Managers, SPFPA, OPEIU, Coaches, SCUPA

EMPLOYEE INFORMATION:

Employee Name:	Personnel Number:
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Department:	Division/College:
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I am requesting an extended (two consecutive weeks), intermittent or reduced time Sick, Parental or Family Care Leave in accordance with the Family and Medical Leave Act of 1993. I understand that for my absence to be approved, I must provide either a Serious Health Condition form or a doctor's certificate that provides proof of disability, prognosis, date disability began and, if known, expected date of return to work, to the Office of Human Resources within 15 days of my first date of absence.

REQUEST INFORMATION:

1. This request is for absence due to the following event:

- Sick Leave for my own illness, injury or disability
- Parental Leave for the birth or adoption of a child
Due date: _____
- Family Care Leave to care for an immediate family member with a serious health condition

If applying for Family Care Leave you must provide the following information:

Name of Family Member	Relationship	Age

2. Continuous Leaves of Absence

I anticipate being absent from work continuously during the following time period:

Beginning Date	TO	End Date

NOTE: If the period of absence stated above is later modified (dates change or request is cancelled), a revised Request for Extended, Intermittent or Reduced Time Sick, Parental or Family Care Leave form must be submitted.

3. Intermittent/Reduced Time Leaves of Absence

Intermittent absences are episodic absences taken in separate periods of time, rather than for one continuous period of time. Examples of intermittent absences are absences for follow-up doctor's appointments, medical treatments such as chemotherapy or, radiation for cancer, physical therapy, dialysis, etc.,

A reduced time absence is a recurring schedule of absence that reduces the usual number of hours per workweek or per workday. Examples of a reduced time absence are faculty members requesting a reduced workload or a staff member requesting to work 4 hours per day for a designated period of time.

Sick Leave & Family Care Leave - Intermittent/Reduced-Time Absences:
Employees may use sick and/or family care leave on an intermittent or reduced-time basis at any time before the sick and/or family care leave entitlement expires. Faculty members requesting a reduced or modified workload must have their health care provider complete a Request

Parental Leave - Intermittent/Reduced-Time Absences:
Subject to management's approval, parental leave may also be used on an intermittent or reduced-time basis at any time before the parental leave entitlement expires. **The employee's intermittent or reduced time schedule must be submitted in advance and must be approved by the employee's supervisor/dean and the Office of Human Resources before the employee begins to work an intermittent or reduced time schedule.**

I anticipate the need to be absent from work intermittently or work a reduced time schedule for the following period:

Beginning Date	TO	End Date

Description of Intermittent/Reduced Time Schedule:

LEAVE ELECTION:

I am electing to use the following absence types, if available (check all that apply and indicate number of hours and rank in order of preferred use, if applicable):

Accrued Paid Leave:

Leave Type	Hours	Preferred Order of Use
Sick Leave		
Personal Leave		
Annual Leave		
Sick Family Leave		

Anticipated Paid Leave*:

Leave Type	Hours	Preferred Order of Use
Sick Leave		
Personal Leave		
Sick Family Leave		

Unpaid Leave:

Leave Type	Hours	Preferred Order of Use
Unpaid Leave		

Managers, OPEIU, SCUPA and SPFPA Employees approved for **Intermittent** FMLA leave may submit leave requests through Employee Self-Service. The following leave types should be used for FMLA approved absences:

- Sick Leave FMLA
- Annual Leave FMLA,
- Personal Leave FMLA
- Unpaid FMLA (UP)

Leave input for continuous leaves of absence will be made on the employee's behalf by Payroll Services.

* The use of anticipated sick, personal and/or annual leave may result in salary overpayment. Anticipation of leave is not permitted for Parental Leaves of Absence. Paid leave summaries are available at <http://www.iup.edu/page.aspx?id=41345>.

NOTES: 9-Month Faculty Members do not earn annual leave. Up to 5 days of Sick Leave may be taken as Sick Family Leave per leave calendar year if leave balances

COMMENTS:**MEDICAL CERTIFICATION:**

Employee must submit a PASSHE Serious Health Condition Certificate which includes proof of disability, prognosis, dates of disability and expected date of return to work for a Sick Leave of Absence; dates of disability for a Parental Leave of Absence; name of family member and relationship to the employee, statement that the individual needs to care for or have care arranged by the employee, date illness began, and anticipated duration of the illness for a Family Care Leave of Absence.

For absence related to your own illness, injury or disability, upon return to work you must provide a doctor's release stating that you are permitted to return to full-time duties and the date of return. If your doctor releases you to return to work with limitations, the job duties must be documented by your doctor and approval to work with restrictions must be approved by the Office of Human Resources before returning to work.

NOTE: All medical documentation **MUST** be forwarded directly to the Office of Human Resources. Supervisors may **NOT** keep medical documentation (originals and/or copies) for their files. All employee medical documentation is filed in an employee's confidential medical file.

SIGNATURE:

Employee: Please return this form to your supervisor for signature at least two weeks prior to going on leave, if circumstances permit.

Supervisor: By signing this form you are acknowledging that the employee has requested an extended, intermittent and/or reduced time sick, parental and/or family care leave. Sick, parental and/or family care leaves are approved by the Office of Human Resources in accordance with the Family and Medical Leave Act. The employee will be notified in writing if the leave is approved and the supervisor will receive a copy of the approval. **After signing this form, please return to the Office of Human Resources, Sutton Hall G-8, 1011 South Drive, Indiana, PA 15705, (724) 357-2685 (fax).**

Employee Signature:	Date:
Supervisor/Chair Signature:	Date:
Dean Signature (required for faculty members):	Date:

cc: Supervisor/Dean
Payroll Services
Personnel File