

Family Medical Leave Act (Faculty & Coaches) Request for Medical, Sick Family, or Parental Leave of Absence

EMPLOYEE INFORMATION:

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). Your FMLA/HR Coordinator will determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/Extended Leave 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 Medical or Family Leave Absence form and will be applied to absences prospectively.**

REASON FOR ABSENCE (check one)

- My Own Serious Health Condition (*Employee Serious Health Condition Certification* will be required)
- To Care for a Family Member (*Family Member Serious Health Condition Certification* will be 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 dates 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 (unless you elect to save up to 20 days) 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 order field or space provided below.

Accrued (Actual) Leave

- Use Order
- 1 Sick or Sick Family
- _____ Personal
- _____ Annual (faculty only\if applicable)
- Please save _____ accrued/actual sick days (20 days max)

Accrued (Actual) Leave

- Use Order
- _____ Deferred Holiday (coaches only)
- _____ Compensatory (coaches only)

Paid Parental Leave (FMLA)

- (for birth, adoption, foster care must be utilized in full, consecutive days)
(check one)
- Use from the start of FMLA leave.
- Use during the end of FMLA leave or at the exhaustion of other paid FMLA leave (if sooner) to the full extent of the FMLA entitlement.

Special Instructions:

If no leave election boxes are checked, unpaid leave will automatically be applied after all applicable sick leave is exhausted.

Unpaid Leave

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

Signature	Date
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RETRUN COMPLETED FORM TO

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