

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)*
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*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.

<p>Accrued (Actual) Leave</p> <p>Use Order</p> <p><input checked="" type="checkbox"/> <u>1</u> Sick or Sick Family</p> <p><input type="checkbox"/> _____ Personal</p> <p><input type="checkbox"/> _____ Annual (faculty only\if applicable)</p> <p><input type="checkbox"/> Please save ___ accrued/actual sick days (20 days max)</p>	<p>Accrued (Actual) Leave</p> <p>Use Order</p> <p><input type="checkbox"/> _____ Deferred Holiday (coaches only)</p> <p><input type="checkbox"/> _____ Compensatory (coaches only)</p> <p><input type="checkbox"/> Special Instructions:</p>
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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

PARENTAL LEAVE ELECTIONS

A member who becomes a parent may use up to ten (10) full consecutive days paid sick leave (accrued sick leave or as donated from the sick leave bank) during an otherwise unpaid parental leave.

Full-time absence from _____ through _____

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

Signature	Date
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RETRUN COMPLETED FORM TO

Anna Shively, SHRM-CP, PHR Benefits Manager/SPF Absence Coordinator 1011 South Drive Sutton Hall, Room G-8 Indiana, PA 15705	Phone: 724-357-4875 Fax: 724-357-2685 E-mail: ashively@iup.edu
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