Pennsylvania's STATE SYSTEM of Higher Education

Family Medical Leave Act
Request for Military Exigency Absence

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

REQUEST INFORMATION:

I am requesting Military Exigency Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed *Military Exigency 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 military exigency for the below family member who is a member of the Guard or Reserves deployed to a foreign country or in support of a contingency operation; or a member of a regular branch of the Armed Forces deployed to a foreign country.

Name of Family Member	Relationship

2. Is this your first request for this Military Exigency 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 Date
	TO	

OR

Intermittent or Reduced-Time Absence

From Date		To Date
	TO	

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 unless another order is requested in the "Comments" section below. **Please note that 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 Exigency Absence* form and will be applied to absences prospectively.**

- ☒ Accrued Annual / Combined (mandatory)
- ☒ Accrued Personal (mandatory)
- ☒ Accrued Holiday (mandatory)
- ☒ Accrued Compensatory (mandatory)
- ☐ Anticipated Annual / Combined (optional)
- ☐ Anticipated Personal (optional)

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

- ☒ Unpaid Military Exigency Absence

5. I understand that for each different absence reason, I must provide a new *Military Exigency Certification* in addition to this request form to certify the specific reason for the exigency.

Comments:

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

Signature	Date of Request
Supervisor Signature	Date

Please return this form to: Anna Shively, Benefits Manager, Office of Human Resources,
G-8 Sutton Hall, 1011 South Drive, Indiana, PA 15705
Phone: 724.357.2431 **Fax:** 724.357.2685 **Email:** ashively@iup.edu