

Request for Family or Medical Leave

(PLEASE PRINT)

Request for Family or Medical Leave should be made, if practical, at least 30 days prior to the date the requested leave is to begin.

Name _____

Date _____

School _____

Title _____

Status: ___ Full Time ___ Part Time ___ Temporary

Date of Hire _____

Length of Service _____

I request family or medical leave for one or more of the following reasons:

_____ Because of the birth of my child and in order to care for him or her.

Expected date of birth _____

Actual date of birth _____

Leave to start _____

Expected return date _____

_____ Because of the placement of a child with me for adoption or foster care. Date of placement _____

Leave to start _____

Expected return date _____

_____ In order to care for my spouse, child, or parent, who has a serious health condition*

Leave to start _____

Expected return date _____

_____ For a serious health condition that makes me unable to perform my job* Describe _____

Leave to start _____

Expected return date _____

* A physician's certification may be required for leave due to a serious health condition.

_____ For other reasons. Describe _____

Leave to start _____

Expected return date _____

_____ Requested intermittent leave schedule (if applicable, subject to employer's approval) _____

Have you taken a family or medical leave in the past 12 months? ___ Yes ___ No

If yes, how many work days? _____