Pennsylvania's STATE SYSTEM of Higher Education

Family Medical Leave Act - SCUPA
Request for Family and Medical Leave Absence

EMPLOYEE INFORMATION:

Employee Name	Personnel Number	Home Telephone Number (optional)
University	Work Location	
Supervisor's Name	Timekeeper's Name (optional)	

REQUEST INFORMATION:

I am requesting an Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed *Serious Health Condition Certification* form within 15 days to support a request for medical reasons or proof of the child's birth, adoption, or foster care placement for parental reasons. Upon receipt of a completed *Serious Health Condition Certification* form, the request will be reviewed for approval within five business days.

1. This request is for absence due to the following FMLA event:
- ☐ My Own Serious Health Condition
- ☐ The Serious Health Condition of a Qualifying Family Member

Name of Family Member	Relationship	Age

- ☐ Parental (absence for childrearing as a result of childbirth, adoption, or foster care placement)

2. Is this your first request for this FMLA event? ☐ Yes ☐ No

3. I anticipate being absent from work during the following time period due to this FMLA event:

Full-Time Absence			**Intermittent or Reduced-Time Absence***	
From Date	To Date	**OR**	From Date	To Date
	to			to

- ☐ For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode?

* For parental events, approval will be consistent with operational requirements; please discuss the work times with your supervisor.

4. I am electing to use the following paid absence types, if they are available. **Check all that apply**. Absence types requested to be used will be applied in the order below (accrued leave first) unless another order is requested in the "Comments" section below.

- ☐ Accrued Sick (or Sick Family for a family member)
- ☐ Accrued Compensatory
- ☐ Accrued Annual
- ☐ Accrued Personal
- ☐ Anticipated Sick
- ☐ Anticipated Annual
- ☐ Anticipated Personal

After using paid leave as indicated above, unpaid FMLA Absence will automatically be applied.

Comments:

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

Signature	Date of Request

Return completed form to: [NAME], HR Office,
[ADDRESS]
Phone: **Fax:**   **Email:** _____