

Family Medical Leave Act - AFSCME, PSSU, SPFPA Request for FMLA/SPF 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). Consult with your FMLA/SPF Coordinator to determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/SPF 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 FMLA/SPF Absence form and will be applied to absences prospectively.**

REASON FOR ABSENCE (check one)

- My Own Serious Health Condition (*Employee Serious Health Condition Certification* is required)
- To Care for a Family Member (*Family Member Serious Health Condition Certification* is 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 date 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 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 space provided below.

- | | |
|--|--|
| <p>Accrued (Actual) Leave</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sick (or Sick Family and Additional Sick Family) <input type="checkbox"/> Annual <input type="checkbox"/> Personal <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory | <p>Anticipated Leave**</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sick (or Sick Family) <input type="checkbox"/> Annual <input type="checkbox"/> Personal |
|--|--|

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

- Unpaid Leave

** NOTE: If you elect anticipated leave and then commence unpaid FMLA/SPF Absence, it will result in a negative anticipated leave quota. Additionally, if you separate from employment, it will result in a debt that will need to be recouped.

SPECIAL INSTRUCTIONS FOR USING LEAVE

- Please save ___ accrued/actual sick days (10 days maximum)

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

Signature	Date
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Return completed form to: [NAME], SPF Absence Coordinator,
[ADDRESS]
Phone: **Fax:** **Email:** _____