

**REQUEST LEAVE FOR FAMILY SICK CARE
EAST STROUDSBURG UNIVERSITY**

To be completed by Employee:

Employee Name _____ Department _____

Name of Family Member _____ Relationship _____

I am requesting to use family sick care leave for the serious health condition of my family member as follows:

Begin Date ____/____/____ Anticipated duration _____

☐ Full Time Basis☐ Part Time Basis☐ Intermittent Basis

I will be using the following type(s) of leave:

☐ Paid Sick Family Leave *☐ Paid Annual Leave *☐ Paid Personal Leave *☐ Unpaid Leave

* Before, during, after, or instead of sick leave without pay, employees may use accrued sick family, annual or personal leave. The use of paid leave shall not be included when calculating the sick care leave without pay entitlement.

Employee Signature____/____/____
Date

To be completed by Human Resource Management:☐ Medical Documentation was submitted which supports the need for family sick care leave for a sick family member.☐ This employee is eligible for family sick care leave based on service credit

This employee is entitled to _____ hours of family sick care leave a serious health condition of a family member.

Current Leave Balances:

____ Sick Leave

____ Annual Leave

____ Personal Leave

☐ Approved☐ Disapproved

Comments _____

Human Resource Office Signature____/____/____
Date