

**FAMILY AND MEDICAL LEAVE REQUEST**

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I, \_\_\_\_\_, am requesting to take leave according to the Family and Medical Leave Act for the following reason:

(Check the appropriate box)

- the birth of my child
- the placement of a child with me for adoption or foster care
- a serious health condition that makes me unable to perform the essential functions of my position. (Medical Leave form and documentation required; a physician's release will be required in order to return to work.)
- a serious health condition affecting my \_\_\_\_\_ spouse, \_\_\_\_\_ child, or \_\_\_\_\_ parent for which I am needed to provide care. (Documentation of the health condition required.)

Requested leave would begin on \_\_\_\_\_.

The expected return date is \_\_\_\_\_.

I understand that in order to be eligible for Family and Medical Leave, I must be employed by the University on a full time basis for 12 months and must have worked at least 1,250 hours during the 12 months immediately preceding the leave.

Upon approval of this request, I accept the conditions of the University's Family and Medical Leave Act Policy.

\_\_\_\_\_  
Print Name SSN

\_\_\_\_\_  
Employee Signature Date

APPROVED:

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Human Resources Date