

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

EMPLOYEE INFORMATION:		
Employee Name	Personnel Number	Home Telephone Number (optional)
University California University of PA		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 <input style="width: 100px;" type="text"/>	to	To Date <input style="width: 100px;" type="text"/>
OR		
From Date <input style="width: 100px;" type="text"/>	to	To Date <input style="width: 100px;" type="text"/>

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 Personal

Anticipated Sick

Anticipated Personal

Applicable to twelve month faculty only.

Accrued Annual

Anticipated Annual

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: Debra Tidholm, SPF/FMLA Coordinator
California University of PA 408 Dixon Hall 250 University Ave. California PA 15419

Phone: 724/938-5431 **Fax:** 724/938-5740 **Email:** tidholm@calu.edu