

## Family Medical Leave Act - Nonrepresented Request for Family and Medical Leave Absence

EMPLOYEE INFORMATION:		
Employee Name	Personnel Number	Home Telephone Number (optional)
University	Work Location <b>California, PA</b>	
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
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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:

<b>Full-Time Absence</b>		<b>Intermittent or Reduced-Time Absence*</b>
From Date <input style="width: 100px;" type="text"/>	to	To Date <input style="width: 100px;" type="text"/>
<b>OR</b>		
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 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
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**Return completed form to:** Debra Tidholm, SPF/FMLA Coordinator  
California University of PA Dixon Hall, room 408 250 University Ave. California, PA 15419  
**Phone:** 724/938-5431 **Fax:** 724/938-5740 **Email:** [tidholm@calu.edu](mailto:tidholm@calu.edu)