

Family Medical Leave Act - Nurses 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:

<p>Full-Time Absence</p> <p>From Date <input style="width: 150px;" type="text"/> to <input style="width: 150px;" type="text"/> To Date <input style="width: 150px;" type="text"/></p>	OR	<p>Intermittent or Reduced-Time Absence*</p> <p>From Date <input style="width: 150px;" type="text"/> to <input style="width: 150px;" type="text"/> To Date <input style="width: 150px;" type="text"/></p>
--	-----------	--

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
- Accrued Compensatory
- 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

Return completed form to: Debra Tidholm, SPF/FMLA Coordinator,
408 Dixon Hall California University of PA 250 University Ave. California, PA 15419
Phone: 724/938-5431 **Fax:** 724/938-5740 **Email:** tidholm@calu.edu