

Faculty Request for FMLA/Extended Leave and/or Parental Leave Absence

EMPLOYEE INFORMATION:

Employee Name	Personnel Number	Preferred Telephone Number (optional)
University	Preferred E-mail Address (optional)	

INSTRUCTIONS

Complete this form to request an absence in accordance with the Family and Medical Leave Act (FMLA). Consult with your FMLA/HR Coordinator to determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/Extended Leave absence cannot be used for approved work-related injuries. Reference the *Notice to Employees* for additional information. **Changes to leave elections must be made on a subsequent Request for FMLA/Extended Leave Absence form and will be applied to absences prospectively.**

REASON FOR ABSENCE (check one)

- My Own Serious Health Condition (*Employee Serious Health Condition Certification* is required)
- To Care for a Family Member (*Family Member Serious Health Condition Certification* is required)

Name of Family Member	Relationship	Age (if child)*
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*NOTE: For child 18 years or older, the *Adult Child Certification of Disability* is required

- For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

AMOUNT OF LEAVE NEEDED (check all that apply; use estimated date if actual dates are unknown)

- Full-time absence from _____ through _____
- Intermittent absences from _____ through _____
(*sporadic absences, may be unpredictable in nature*)
- Reduced-time absences from _____ through _____
(*set, recurring absence, e.g., work 4 hours per day or off every Monday. For reduced-time absences due to the birth, adoption, or foster care placement of a child, approval will be consistent with operational needs; please discuss the work times with your supervisor prior to request.*)

Proposed Reduced-time Schedule: _____

LEAVE ELECTIONS (check all that apply)

The use of all applicable accrued (actual) sick leave is mandatory and automatically applied (unless you elect to save up to 20 days) for absence reasons that sick leave is ordinarily used before any other *optional* paid absence type is applied. For full-time absences, leave will be applied in the order listed below unless you provide other instructions in the space provided below.

Accrued (Actual) Leave

- Sick (or Sick Family)
 - Personal
 - Annual (if applicable)
- Please save _____ accrued/actual sick days (20 days maximum)

If no leave election boxes are checked, unpaid leave will automatically be applied after all applicable sick leave is exhausted. Unpaid Leave

Parental Leave Elections -

A faculty member who becomes a parent may use up to ten (10) consecutive days paid sick leave (accrued sick leave or as donated from the sick leave bank) during an otherwise unpaid parental leave.

- Full-time absence from _____ through _____

ACKNOWLEDGEMENT - FACULTY MEMBER SIGNATURE: I have read and understand my leave elections above. I understand that any requests for continuous periods of leave will be entered by the Office of Human Resources and that I do not need to request leave for an extended period of absence through ESS unless I have been approved for FMLA leave on an intermittent basis. I also understand that I must notify the Office of Human Resources as soon as possible if my leave plans change.

Signature	Date
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CHAIRPERSON SIGNATURE: I acknowledge that I have been notified of this request.

Signature	Date
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DEAN SIGNATURE: I acknowledge that I have been notified of this absence request.

Signature

Date

Return completed form to: Anna Shively, Benefits Manager, Office of Human Resources,
G-8 Sutton Hall, 1011 South Drive, Indiana, PA 15705

Phone: 724.357.2431

Fax: 724.357.2685 **Email:** ashively@iup.edu