Employee Request for Leave

This form must be completed and returned to the office responsible for Research Foundation employees before any request for leave will be approved. Questions about leave or this form should be directed to the office responsible for Research Foundation employees.

Part I: Leave Request Data

Employee’s Name: __________________________  Employee Number: _____
(please print or type)

Reason for Request: Check one

☐ Birth of a child, or placement of a child for adoption or foster care, and
to bond with the newborn or newly-placed child

☐ Serious Health Condition of Employee

☐ Care for Seriously Ill Family Member

If checked, provide name of seriously ill family member and relationship to employee

Name: __________________________  Relationship __________________________

☐ Because of a qualifying exigency arising out of the fact that your spouse, son/daughter, or parent is on
active duty or call to active duty status in a foreign country as a member of the Armed Forces, National
Guard or Reserves.

☐ Because you are the spouse, son/daughter, parent or next of kin of a covered service
member with a serious injury or illness

☐ Because you are the spouse, son/daughter, parent or next of kin of a veteran with a serious
injury or illness

If checked, provide name of seriously ill family member and relationship to employee

Name: __________________________  Relationship __________________________

☐ Other Leave. If checked, specify: __________________________

Date the request leave is to begin __________  Date you expect to return to work __________

Are you requesting intermittent leave? No ___ Yes ___  If YES, explain intermittent periods.

________________________________________________________________________

Are you requesting a reduced work schedule for leave? No ________ Yes ___  If YES, explain schedule
requested.

________________________________________________________________________

Have you previously been approved for leave? No ___ Yes ___  If YES, give the dates of the leave period:
Part II: Paid Time Off
I plan on using my paid time off accrual balances while on FMLA. (Vacation, Sick, Personal & Holiday) No___ Yes____

I plan on a portion of my FMLA to be unpaid No____ Yes____

Please note: If you are on FMLA for your own health condition, PTO sick must be used until exhausted or leave ends whichever is first.

Part III: Employee Entitlement and Certification

I understand that I am responsible for notifying the Research Foundation immediately of any change(s) in the leave request outlined above.

Employee’s Signature: _______________________________ Date: _______________