



## Request for Family/Medical Leave

(08/10)

Human Resources, Morgan Hall 263, 785/670-1538

Date \_\_\_\_\_

I hereby request leave under the provisions of the Family and Medical Leave Act.

Name \_\_\_\_\_ Dept \_\_\_\_\_

Date Leave is Anticipated to Begin \_\_\_\_\_ WIN Number \_\_\_\_\_

Address \_\_\_\_\_

### Reason:

- ☐ The birth and care of a newborn child of the employee;
- ☐ The placement with the employee of a son or daughter for adoption or foster care;
- ☐ To care for a ☐ spouse, ☐ son, daughter, ☐ parent, with a serious health condition;
- ☐ A serious health condition that makes the employee unable to perform the essential functions of his/her job; or
- ☐ For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

Accrued Leave as of date leave is anticipated to begin: Hours \_\_\_\_\_ Sick \_\_\_\_\_ Personal \_\_\_\_\_

Leave is expected to continue until on or about (date) \_\_\_\_\_

Signature of Employee \_\_\_\_\_

*A completed Certification of Health Care Provider must be provided to Human Resources within 15 days of making the initial request. Please contact Human Resources for forms and/or additional information.*

### Approvals

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Area Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_