

**Pittsburg State University
Human Resource Services
Family & Medical Leave Request Form**

University Support Staff and Unclassified Employees complete this form when you will be absent more than three (3) working days because of your illness or injury or the illness or injury of a family member (days absent do not need to be consecutive).

Name _____ Dept _____ ID# _____

Reason for leave request: _____ Self
 _____ To Care for Family Member
 _____ Childbirth/Adoption/Placement
 _____ Qualifying Exigency for Family Member (Military Leave only)
 _____ To Care for a Servicemember (Military Leave only)

Name of Family Member and your explanation of relationship, if applicable

Requested Dates of Leave: From _____ to _____

Briefly explain the Reason for your leave request:

When Family and Medical Leave is needed to care for a family member, explain the type of care you will provide and an estimate of the time period during which this care will be provided, including a schedule of irregular leave or leave on a reduced work schedule if requested.

I certify that I understand, agree to, and meet the requirements and conditions of the Family and Medical Leave Act of 1993. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

Employee's Signature

Date

Return to HRS, 204 Russ Hall