

Family and Medical Leave (FML) Request Form

Pittsburg State University, Human Resources

Eligible University Support Staff and **Unclassified Employees** complete this form when you will be absent for **more than 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: _____ **PSU ID #:** _____ **Dept:** _____

Email: _____ **Phone Number:** _____

Reason for Leave Request:

- _____ Self
_____ To Care for Family Member
Name and Relationship: _____
_____ Childbirth/Adoption/Placement
_____ Qualifying Exigency for Family Member (Military Leave only)
Name and Relationship: _____
_____ To Care for a Servicemember (Military Leave only)

Requested Dates of Leave: From _____ to _____

Leave Will Be Used: Consecutively: ☐ Intermittently: ☐

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.

Briefly explain the reason for your leave request:

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 Pittsburg State University Human Resources

Russ 204, hr@pittstate.edu

To be completed by HR:

Approved: ☐ Denied: ☐ Dates of Leave Approved: _____ to _____

HR Signature: _____

Date: _____

CC: Supervisor _____