

Family & Medical Leave Request

Instructions for requesting family and medical leave:

1. **Employee:** Complete Part 1 of this form and submit to supervisor a minimum of 30 days prior to leave begin date (complete as soon as possible for unplanned leave); obtain Certification forms from Human Resources and return within 15 days of receipt.
2. **Supervisor:** Review request with employee, sign Part 2, and forward to HR.
3. **Human Resources:** employee and supervisor will be notified of leave/FMLA approval status after review of request and receipt of Certification paperwork. Contact Employee Benefits Coordinator at 673-3434 with any questions pertaining to family or medical leave, FMLA, or this form.

Part 1: EMPLOYEE		
Last Name	First Name	Home Telephone Number
Mailing Address		City & State
		Zip Code
Department	Unit:	Shift:
	<input type="checkbox"/> CSEA <input type="checkbox"/> UUP <input type="checkbox"/> MC <input type="checkbox"/> PEF <input type="checkbox"/> APSU <input type="checkbox"/> NYSCOPBA	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
LEAVE DETAILS: Complete the following sections, using <i>COMMENTS</i> box as indicated. Sign and date before giving to immediate supervisor.		
Type of Leave: <input type="checkbox"/> FMLA <input type="checkbox"/> NYS Paid Family Leave (UUP Only) <input type="checkbox"/> Paid Parental Leave (CSEA and M/C Only) <input type="checkbox"/> Multiple- explain in <i>COMMENTS</i>		
<input type="checkbox"/> NEW	Leave BEGIN Date:	REASON for LEAVE (Required Certification Forms will be sent by HR): <input type="checkbox"/> Employee's Personal Illness/Serious Health Condition <input type="checkbox"/> Care for a Family Member (Spouse, Child, Parent) with a Serious Health Condition <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption/Foster Care Placement of Child <input type="checkbox"/> Military Family Exigency <input type="checkbox"/> Military Family Caregiver Leave
<input type="checkbox"/> EXTENSION	Expected RETURN to Work Date:	
Accruals you will charge during leave: <input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday Comp <input type="checkbox"/> Personal (CSEA only) <input type="checkbox"/> Other - explain in <i>COMMENTS</i> <input type="checkbox"/> None/UNPAID leave - explain in <i>COMMENTS</i>		
If you answer YES to any of the following, explain in <i>COMMENTS</i> : a) Are you requesting intermittent leave (absence taken in separate blocks of time due to a single illness or injury)? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Are you requesting a reduced or alternate work schedule (based on medical need)? <input type="checkbox"/> YES <input type="checkbox"/> NO c) Do you anticipate exhausting paid accruals during your leave? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS:		
I understand: <ul style="list-style-type: none">• This form does not substitute for department-level time off request or call-in procedures, which must continue to be followed;• All required Certification forms must be returned to HR within 15 days of receipt;• During paid leave (using accruals), benefit premiums will continue to be deducted from my paycheck; for unpaid leave, information on continuing benefit premium payments will be mailed to me by NYS Civil Service after the Benefits Division is notified of my unpaid leave status;• For leave due to my own medical need, documentation clearing me to work must be submitted to HR PRIOR to returning to work; and• I am responsible for notifying Human Resources and my Supervisor of any changes to information on this form or the status of my leave.		
Employee Signature:		Date:
Part 2: SUPERVISOR		
I understand: <ul style="list-style-type: none">• Signing below acknowledges receipt and review of this leave request; and• This form does not constitute approval of leave or FMLA and does not substitute for Department-level time off request or call-in procedures.		
Supervisor Name:	Signature:	Date: