PAID FAMILY LEAVE – REQUEST

Part A. To be completed by employee or designee

Section 1. Employee Information

Employee's name: _____ Employee ID #: _____
                 (Last)   *(First)*   *(MI)*

Address: _____

Email address: _____

Class title: _____ Full-time: ☐ Part-time: ☐

Agency name: _____ Budget acct. #: _____ Position Control #: _____

Section 2. Leave Dates (Continuous/Intermittent)

Estimated leave start date: _____ Estimated date of return: _____

☐ Leave is requested on an intermittent basis. Indicate the anticipated days/dates:

_____

_____

_____

Section 3. Reason for Leave

☐ Bond with a newborn child

☐ Bond with newly adopted child

☐ Recover from or undergo treatment for a serious illness

☐ Care for your seriously ill immediate family member: ☐ parent / ☐ sibling / ☐ child by blood, adoption or marriage / ☐ spouse / ☐ grandparent / ☐ grandchild.

    Immediate family member's name: _____

☐ Participate in a qualifying event resulting from the military deployment to a foreign country of an immediate family member: ☐ parent / ☐ sibling / ☐ child by blood, adoption or marriage / ☐ spouse / ☐ grandparent / ☐ grandchild.

    Immediate family member's name: _____

Section 4. Documentation

☐ If applicable, medical certificate is attached. (Form HR-17 or HR-18)

☐ If applicable, documentation to establish required relationship between employee and covered individual attached.

_____ _____
(Signature of employee or designee)   (Date)

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Part B. To be completed by human resources/appointing authority

☐ Employee meets eligibility requirements for paid family leave.

☐ Employee does NOT meet eligibility requirements for paid family leave.

_____   _____
(Signature of appointing authority or designee)   (Date)

For information on the provisions of Paid Family Leave, see the HR Reference Guide.