Family and Medical Leave (FML) Request Form

Pittsburg State University, Human Resource Services

Email: Phone Number: Reason for Leave Request: Self Self	Name:		PSU ID #:	Dept:
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 Care for a Servicemember (Military Leave only) Requested Dates of Leave: From teave Will Be Used: Consecutively: Intermittently: Vhen Family and Medical Leave is needed to care for a family member, explain the type of care you will provide and an stimate of the time period during which this care will be provided, including a schedule of irregular leave or leave or a educed 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	Email:		Phone Nu	mber:
To Care for Family Member Name and Relationship:	Reason for Leav	e Request:		
Name and Relationship:		Self		
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CC: Supervisor _____