

Family and Medical Leave (FML) Request Form

Pittsburg State University, Human Resource Services

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 _____

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 Resource Services

Russ 204, payroll@pittstate.edu

