

# ALLEGHENY COLLEGE

## FMLA Request Form

Employee \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_ Position \_\_\_\_\_

### Reason for requesting family leave (check one):

- ☐ To care for my child after birth or adoption or placement of a child with me for foster care (anticipated date of birth or placement \_\_\_\_\_)\*
- ☐ To care for a family member who has a serious health condition\*  
**Relationship to you:** ☐ spouse/partner ☐ parent ☐ son or daughter
- ☐ To attend to my own serious health condition resulting in my inability to perform the essential functions of my job\*
- ☐ To attend to a qualifying exigency arising out of employee's spouse/partner, child or parent's active duty or impending call to active duty status in the Reserves or National Guard in support of a contingency operation (*attach copy of orders from Reserves or National Guard*)  
**Relationship to you:** ☐ spouse/partner ☐ parent ☐ son or daughter
- ☐ To care for a family member (spouse/partner, parent, child) or next of kin (nearest blood relative) of a covered service member (current member of the Armed Forces, National Guard or Reserves), for a serious injury or illness incurred in the line of duty on active duty\*  
**Relationship to you:** ☐ spouse/partner ☐ parent ☐ son or daughter ☐ next of kin

*\* Note: When leave involves a serious health condition for an employee or for a family member, including a covered service member, a Medical Certification from the Health Provider must be provided). The required form can be obtained from the Office of Human Resources, Bentley Hall, or from the Human Resources Web site.*

Beginning date of leave \_\_\_\_\_ Expected date of return \_\_\_\_\_

Is time off needed for intermittent leave or a reduced work schedule? ☐ YES ☐ NO

If yes, please describe reduced work schedule you are requesting below or attach additional form.

### Employee Certification and Signature

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Approvals

Manager \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director \_\_\_\_\_ Date: \_\_\_\_\_

(Return original completed form to Human Resources)