



Employee Request for Family or Medical Leave

Employee Name: _____

Today's Date: _____

Employee Address: _____

City: _____

State: _____ Zip Code: _____

Does your spouse work for this University?

_____ Yes _____ No

Reason for taking leave: *(Check one)*

<input type="checkbox"/>	The birth and care of my newborn child or placement of a child with me for adoption or foster care.
<input type="checkbox"/>	To care for my spouse, child, or parent who has a serious health condition.
<input type="checkbox"/>	My own serious health condition that makes me unable to perform at least one of the essential functions of my job.

Please complete the following section if leave will be taken continually for the entire period.

Date when leave will start: _____

Date when I will return to work: _____

Please complete the following section if leave will be taken intermittently. Note: You must seek approval from RMU for the intermittent or reduced-schedule leave for the birth or placement of a child for adoption or foster care.

Schedule of needed time off: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Human Resources signature: _____ Date: _____