



**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: \_\_\_\_\_