



# FMLA and Short Term Disability Information Sheet

Following is the information you will need to properly request your leave for Family Medical Leave and Short Term Disability.

- **The Family and Medical Leave Policy**
- **Employee Request for Family or Medical Leave**  
Please fill out this form as soon as you know the details of the leave you will need. Have your supervisor sign this form. Send the original form to Alyssa Van Horn, Revere Center.
- **Certification of Health Care Provider (Family and Medical Leave Act)**  
This form is for your doctor (or the doctor of your family member) to fill out and sign and then send the original form to Alyssa Van Horn, Revere Center.
- **A Disability Insurance Claim Packet Instruction Packet from The Standard**  
This packet includes information on how to file a short term disability claim. The employer section will be completed and sent separately to Standard. You will need to complete the employee section on page 4 and sign the authorization release on page 7. Your doctor will need to complete a section on page 4. Upon completion, please fax or mail directly to Standard.

Please contact Alyssa Van Horn at [vanhorn@rmu.edu](mailto:vanhorn@rmu.edu) or 412-397-6272 if you have any questions.