Idaho State University
Office of Human Resources
Revised January 2009



Family and Medical Leave Act (FMLA) Request Form

To be completed by employee and/or supervisor, and submitted to the Office of Human Resources Employee _____ Class Title _____ Department _____ PCN ____ Date of Hire_____ Supervisor______Date notified by employee______ **REASON FOR LEAVE** Adoption of child Placement of foster child Birth of child Serious health condition of employee Serious health condition of employees spouse, child or parent Qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. You are the ____ spouse; ___ son or daughter; ____ parent; ___ next of kin of a covered service member with a serious injury or illness. TYPE OF LEAVE REQUESTED: Continuous Intermittent Reduced Hours If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA? ____ Yes ____ No If so, which do you wish to use? Sick [] Vacation [] Explanation of length and type of leave requested: Date leave to start:_____ Date of anticipated return to work:_____ Signature of Employee or Representative Supervisor's Signature Date Date Received by: Signature of HR Representative Date