

**Family and Medical Leave Act of 1993 (FMLA)
Leave Request Form**

Name: _____ Social Security No. _____
Last First MI

Date of Hire: _____ Email: _____ Ext. _____

Department: _____ Department Head: _____

I am requesting a leave of absence under FMLA for the following reason:

- The birth of a child, or the placement of a child in my home for adoption or foster care.
- A serious health condition that makes me unable to perform the essential functions of my job
- A serious health condition affecting my spouse, child, parent, for which I am needed to provide care.
Please provide name of family member: _____

Please attach the appropriate documentation (i.e. birth certificate, adoption certificate, foster care court order). For a serious health condition, your health care provider must complete the Pace University FMLA Medical Certification form.

I am requesting a FMLA leave for the following period:

Leave Begin Date: _____ Leave End Date: _____

If requesting a reduced hours or intermittent leave, please describe:

Has a FMLA leave been approved for you within the last 12 months? Yes No

I hereby certify that I have received and read the Pace University FMLA policy statement and I meet the eligibility requirements as outlined in that policy. I understand that any false information given to support this request for FMLA leave may result in disciplinary action up to and including possible termination of employment. I also understand that if my request for FMLA leave is denied by the University, I may resubmit my request at any time.

Employee Signature: _____ Date: _____

This request for FMLA leave has been fully reviewed and documented and is hereby approved. *

Director, HR Services Signature: _____ Date: _____

Department Head: Please sign and return form to HR Services.

I understand the nature of this leave and will ensure that all timesheets are properly coded.

Department Head Signature: _____ Date: _____

* Copies of the approved request form should be provided to the employee, department head, and the Benefits Office.