

**YOUNGSTOWN STATE UNIVERSITY  
FAMILY AND MEDICAL LEAVE REQUEST FORM**



Required for absences of 3 or more days or ongoing intermittent leave  
(depending on the employee's union affiliation)

Employee Name:	Employee ID:
Employee Home Address:	
Phone Number(s):	
Department:	Campus Ext.:
Email address:	

**Is this a work-related accident or injury?**

- Yes
- No

**Reason for Leave** (Check all applicable):

- Personal Unpaid Leave
- Medical Leave (not eligible for FMLA)
- Military Leave

**Family and Medical Leave**

- Birth/Adoption/Foster Care
- Employee's Own Serious Health Condition (may require medical certification)
- To Care for Family Member or Military Service member with Serious Health Condition\* (may require medical certification)
- For a Qualifying Exigency due to the military active duty status or call to active duty status of a spouse, son, daughter or parent (certification may be required)

In accordance with the federal Family and Medical Leave Act, the University's policy is to grant up to 12 weeks of unpaid leave for conditions/situations listed above or 26 weeks to care for a family member who is an injured/ill service member. Although FMLA is an unpaid leave, the University requires employees to use paid leave concurrently in accordance with their individual union Agreements.

An eligible employee must have one year of service and have worked 1250 hours during the 12 months preceding the leave request. Applicants will receive a Notice of Eligibility and Rights and Responsibilities. Please see the enclosed/attached flier detailing the U.S. Department of Labor Employee Rights and Responsibilities Under the Family and Medical Leave Act.

*\* When Family and Medical Leave is needed to care for a family member or service member, you must state the care you will provide and an estimate of the time period during which this care will be provided, including a schedule of intermittent leave or leave on a reduced work schedule, if requested.*

<b>Anticipated Begin Date of Leave:</b>	<b>Anticipated End Date of Leave:</b>
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**Briefly Explain Reason for Leave** (if leave is to care for someone, please indicate the name of and relationship to the person who needs care. Family members include: spouse, child, and parents.)

I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Leave of Absence Policy Summary

Youngstown State University grants paid and unpaid leaves of absences depending on length of service, department work load, state and federal laws, and medical necessity. Leave of Absence forms must be completed for absences of 3 or more days (depending on the employee's union affiliation).

**Family and Medical Leave:** In accordance with the federal Family and Medical Leave Act (FMLA), Youngstown State University grants up to 12 weeks of qualifying leave during a 12-month period (measured forward from the first date of FMLA usage) to eligible employees, and up to 26 weeks of leave to care for an activated or ill service member. The leave may be paid, unpaid, or a combination of paid and unpaid depending on the employee's union affiliation. The University requires employees to use paid leave concurrently with FMLA leave in accordance with their individual union Agreements.

Leave must be granted for the following reasons:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the employee's job;
- Military: To address certain qualifying exigencies for a spouse, son, daughter, or parent on active duty or call to active duty status in the Armed Forces;
- Military: Up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy.

### Procedures

- 1. Employees applying for leave (3 days or more per individual's union *Agreement*) must complete the Employee Leave of Absence Request Form and accompanying medical certification or other proof of need 30 days prior to leave (if possible).**
- 2. The forms must be submitted to the Human Resources office for approval. Medical Certification must be received no later than 15 days after the start of the leave.**
- 3. If the leave qualifies as a FMLA leave, the HR representative will provide the Notice of Eligibility and Rights and Responsibilities within 5 days of receipt of the application.**