



Medical Leave Request Form State Employees (not eligible for FMLA)

Who should complete this form?

Employees who do NOT meet the following FMLA criteria:

- have 1 year of State service, and
- have worked at least 1250 worked hours during the 12 months prior to the leave start date.

How to apply for a Medical Leave:

The employee must complete and submit this Medical Leave Request Form (**30 days in advance for a non-emergency** leave), together with supporting Medical Documentation (on physician's letterhead) to:

**West Campus/HSC Employees
Human Resource Services / 390 Administration Bldg
Stony Brook, NY 11794-0751
Fax: (631) 632-4989**

You will be notified as to the status of your leave request, after HRS review. For any additional questions, please contact *Time and Attendance* at (631) 632-6181.

Employee's Name:	Stony Brook ID:
Home Telephone #	Work Telephone #
Enter the mailing address to be used for official communications from the University: Address:	

Reason for request: <i>check one</i>	
<input type="checkbox"/> Self illness	
<input type="checkbox"/> Maternity Leave / Child Care	Due Date (MM/DD/YY): _____
<input type="checkbox"/> Paternity Leave / Child Care	Due Date (MM/DD/YY): _____
<input type="checkbox"/> Placement for Adoption / Foster Care (documentation required)	
<input type="checkbox"/> Bone Marrow and Organ Donor	
<input type="checkbox"/> Other. Explain: _____	

Date requested leave is to begin:	Date you expect to return to work:
Do you want to use accruals during the leave: Yes <input type="checkbox"/> No <input type="checkbox"/>	
* Accruals must be used / charged in order to be paid	

I Understand that:	
<ul style="list-style-type: none"> • during paid leave my benefits will continue. • during unpaid leave, I must contact HRS Benefits for information on continuing health insurance. • I may use sick leave accruals for family sick purposes, in accordance with current union contracts. • I am responsible for providing HRS Time & Attendance with all required documentation in a timely manner. • I am responsible for notifying HRS Time & Attendance immediately, in writing, of any changes(s) during the leave period. 	

Employee Signature:	Date:
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Supervisor's Information:		
Name:	Department:	Phone #