



Family Medical Leave Act (FMLA)
Leave Request Form

Directions for applying for Leave under FMLA:

- Employee completes this request form
- Health Care Provider completes **Certification of Health Care Provider one of the following:**
Form WH380E (for Employee) -or- WH380F (for Family Member)
- Employee gives form to supervisor for signature
- For questions and submission of forms contact Human Resources at 585.245.5616

Part I: Leave Request Data

After HR review, you will be notified as to the status of your leave request.

Employee's Name:	Home Telephone #:
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Address:

REASON FOR REQUEST: (Check one)
 Birth of Child (Requires *Form WH380E or WH380F*) Due Date (M/D/YYYY):

Placement for Adoption/Foster Care (Documentation required)

Serious Health Condition of Employee (Requires *Form WH380E*)

<input type="checkbox"/> Care for seriously ill family member (Requires <i>Form WH380F</i>) Name:	Relationship:
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<input type="checkbox"/> Military Family (Exigency) Leave Name:	Relationship:
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<input type="checkbox"/> Military Care Giver Leave Name:	Relationship:
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Date requested Leave is to begin:	Date you expect to return to work:
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Are you requesting intermittent leave? Yes No
If YES, explain schedule requested:

Are you requesting a reduced work schedule? Yes No
If YES, explain schedule requested:

Are you requesting to be placed on sick leave at half-pay? Yes No
If YES, explain schedule requested:

Do you want to use accruals during the Leave: Yes No Type of accruals? ___SICK ___VAC ___PL ___HOL
* Accruals must be used in order to remain in a paid leave status

Do you want to be placed on FMLA Leave without pay for any period? Yes No
Explain request:

Part II: Employee Entitlement and Responsibilities

- I understand that:**
- During my FMLA-eligible period of paid leave, my benefits will continue.
 - For unpaid leave only: information on continuing premium payments will be sent to me by the Employee Benefits Division, NYS Department of Civil Service, after the Division is notified of my FMLA leave without pay.
 - I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.

Employee Signature:	Date:
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Part III: Supervisor Information

Supervisor Signature:	Print Name:	Supervisor Phone Number:
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Department Head Signature:	Print Name::	Department Head Phone Number:
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