

**Pittsburg State University  
Human Resource Services  
Family & Medical Leave Request Form**

***Classified and Unclassified Employees*** complete this form when you will be absent more than three (3) working days because of your illness or injury or the illness or injury of a family member (days absent do not need to be consecutive); or

Name \_\_\_\_\_ Dept \_\_\_\_\_ ID# \_\_\_\_\_

Reason for leave request:     \_\_\_\_\_ Self  
  \_\_\_\_\_ To Care for Family Member  
  \_\_\_\_\_ Childbirth/Adoption/Placement

Name of Family Member and your explanation of relationship, if applicable

Requested Dates of Leave: From \_\_\_\_\_ to \_\_\_\_\_

Briefly explain the Reason for your leave request:

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

*I certify that I understand, agree to, and meet the requirements and conditions of the Family and Medical Leave Act of 1993. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Return to HRS, 204 Russ Hall*