Human Resource Services
Marshall University
207 Old Main, One John Marshall Drive, Huntington, WV 25755
Phone: 304-696-6455, FAX: 304-696-6844, E-Mail: human-resources@marshall.edu

REQUEST FOR FAMILY MEDICAL LEAVE OF ABSENCE

UNDER THE PROVISIONS OF THE FAMILY MEDICAL LEAVE ACT (FMLA) THIS FORM IS COMPLETED BY THE INDIVIDUAL REQUESTING FMLA LEAVE BEFORE MY LEAVE COMMENCES. I UNDERSTAND THAT IF MY LEAVE IS APPROVED, MY TIME AWAY FROM WORK WILL BE CHARGED AGAINST MY 12 WEEK LEAVE MAXIMUM UNDER FMLA**. UPON APPROVAL OF THIS REQUESTED LEAVE, I AM REQUIRED TO UTILIZE ALL PAID TIME AVAILABLE TO ME PRIOR TO GOING INTO AN UNPAID LEAVE STATUS. IN THE EVENT THAT I GO INTO AN UNPAID STATUS WHILE ON LEAVE, I UNDERSTAND THAT I MUST CONTACT HUMAN RESOURCES TO MAKE ARRANGEMENTS TO PAY MY PORTION OF HEALTH INSURANCE PREMIUMS. THIS WILL SERVE AS AN AGREEMENT BETWEEN MY EMPLOYER AND MYSELF TO CONTINUE MY BENEFITS WHILE ON FMLA LEAVE AND A FINANICAL ARRANGEMENT FOR MY PORTION OF HEALTH CARE PREMIUMS.**

THIS FORM IS AVAILABLE AND CAN BE COMPLETED ON-LINE AT:
http://www.marshall.edu/human-resources/forms/

Employee Name:	
College/Department:	
Home Phone:	
MU ID Number:	
Supervisors Name:	

Request is made for leave with or without pay under the provisions of the federal Family and Medical Leave Act (FMLA) and in accordance with Marshall University Policy for the serious health condition of:

	Parent		Spouse		Self		Child

OR FOR THE FOLLOWING:

	Birth of Child		Adoption of Child		Foster Care Placement		Military Leave

A request for family or medical leave must be supported by having the health care provider complete the Heath Care Provider's Certification of Need for Family or Medical Leave and returning it within 15 days.

Period of Leave	**Start Date**		**Ending Date**	

I understand that family or medical leave, if granted, may be used only for the purpose described above and that use of such leave for any other purpose may result in disciplinary action up to and including termination.

Signature of Employee		**Print Name**	
Date Signed			

Approved for the University by:

Name (Print)	Bruce Felder
Title	Chief Talent & Culture Officer
Signature	
Date Approved	

NOTE: The employee and the employee's supervisor are notified by Human Resources Services whether or not the leave is approved.
Distribution: Original-Human Resource Services; Copy-Employee; C:\Forms\Request-For-FMLA-Leave-1.doc