

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 MEDICAL LEAVE OF ABSENCE

Under the provisions of Marshall's policy for Medical Leave of Absence (MLOA)
THIS FORM IS COMPLETED BY THE INDIVIDUAL REQUESTING MLOA LEAVE
THIS FORM IS AVAILABLE AND CAN BE COMPLETED ON-LINE AT:
<http://www.marshall.edu/human-resources/forms/Request-for-FMLA-Leave.pdf>

| | |
|----------------------------|--|
| 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 Medical Leave of Absence (MLOA) 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 medical leave of absence must be supported by having the health care provider complete the Health Care Provider's Certification of Need for Family or Medical Leave and returning it within 15 days.

| | | | |
|------------------------|-------------------|--|--------------------|
| Period of Leave | Start Date | | Return Date |
|------------------------|-------------------|--|--------------------|

I understand that medical leave is governed by Marshall University Policy. I understand that 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 | |
| Date Signed | |

Approved for the University by:

| | |
|----------------------|--------------|
| Name (Print) | Bruce Felder |
| Title | HR Director |
| 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

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