

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

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:

<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Self	<input type="checkbox"/> Child
---------------------------------	---------------------------------	-------------------------------	--------------------------------

OR FOR THE FOLLOWING:

<input type="checkbox"/> Birth of Child	<input type="checkbox"/> Adoption of Child	<input type="checkbox"/> Foster Care Placement	<input type="checkbox"/> 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	
------------------------------	--

Approved for the University by:

Name (Print)	Kelly Marcum
Title	Assistant Director, Employee Relations
Signature	
Date Approved	

NOTE: The employee and the employee's supervisor are notified by Human Resources Services whether or not the leave is approved.