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 OR MEDICAL LEAVE

Under the provisions of the Family and Medical Leave Act (FMLA)
THIS FORM IS COMPLETED BY THE INDIVIDUAL REQUESTING FMLA LEAVE.
THIS FORM IS AVAILABLE AND CAN BE COMPLETED ON-LINE AT
http://www.marshall.edu/human-resources/forms/Request-for-FMLA-Leave.pdf

Name			
College/Department			
Work Phone		Home Phone	
Social Security No.			
Work Address:			

Request is made for leave without pay under the provisions of the federal Family and Medical Leave Act (FMLA) for the reason checked below:

	Serious Health Condition of (Check Below):						
	Parent		Spouse		Self		Child

OR

	Birth of Child		Adoption of Child		Foster Care Placement

A request for family or medical leave due to a serious health condition must be supported by certification from the health care provider. Persons making application for FMLA leave must complete the Health Care Provider's Certification of Need for Family or Medical Leave.

Period of Leave	Start Date		Return Date	

I understand that family or medical leave is governed by federal law and University policy. 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	
Date Signed	

Approved for the University by:

Name (Print)	
Title	
Signature	
Date Approved	

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