

**SUNY POTSDAM REQUEST FOR LEAVE OF ABSENCE/FAMILY MEDICAL LEAVE**

Name \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Line Number \_\_\_\_\_

**I am requesting leave for the period Beginning (date) \_\_\_\_\_ Ending (date) \_\_\_\_\_**

**TYPE OF LEAVE BEING REQUESTED**

\_\_\_\_\_ Leave With Pay                      \_\_\_\_\_ Workers' Compensation                      \_\_\_\_\_ Organ Donor

\_\_\_\_\_ Leave With Half Pay                      \_\_\_\_\_ Military                      \_\_\_\_\_ Bone Marrow Donor

\_\_\_\_\_ Leave Without Pay                      \_\_\_\_\_ Other, Please explain \_\_\_\_\_

Are you requesting leave under the Family Medical Leave Act?\* \_\_\_\_\_ Yes (If yes, check all which apply) \_\_\_\_\_ No

I am requesting leave under the Family Medical Leave Act due to:

\_\_\_\_\_ A serious personal health condition that makes me unable to perform the essential functions of my job

\_\_\_\_\_ A serious health condition affecting my spouse, child, parent, for which I am needed to provide care

\_\_\_\_\_ The birth of a child or the placement of a child with me for adoption or foster care

\_\_\_\_\_ Military caregiver leave

\_\_\_\_\_ Qualifying exigency leave

**\*MEDICAL DOCUMENTATION MUST BE SUBMITTED TO HUMAN RESOURCES FOR ALL MEDICAL AND WORKERS' COMPENSATION LEAVES.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Recommendation:  Approve Leave     Disapprove Leave

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Human Resources Use Only:** Is employee eligible for FMLA?     YES     NO

Once Processed, copies to: ORIGINAL – Human Resources    COPY 1 – Supervisor    COPY 2 - Employee