



Tuskegee University

Founded by Booker T. Washington

Office of Human Resources

FAMILY AND MEDICAL LEAVE REQUEST FORM

Employee Section

Employee Name: _____

Hire Date: _____

Date (s) of Requested Leave: From _____ - _____ - _____ To _____ - _____ - _____

Intermittent Leave: From _____ to _____ per _____ for _____ days.

Total Number of Hours Requested: _____

Current Available Leave

_____ hrs.
Sick Leave

_____ hrs.
Annual Leave

_____ hrs.
Emergency Leave

Reason for Leave

- The birth of your child, or the placement of a child with you for adoption or foster care;
- Your own serious health condition;
- You are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition;
- You are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

* ** Please attach supporting documentation(s).

_____ (Employee's Signature)	Date _____ - _____ - _____
_____ (Department Head's Signature)	Date _____ - _____ - _____

Human Resources Section

Prior FMLA taken in 12-month cycle? Yes No

No. of Days Requested _____ No. of Days Available _____

Required Documentation for Serious Health Conditions? Yes No