REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

Social Security No. _____ Date _____

Name _____

Dept./Location _____ Account No. _____

Work Phone _____ Home Phone _____

REASON FOR LEAVE

☐ Birth, adoption or placement of a child

☐ Employee's serious illness

☐ Serious illness of employee's child, parent, or spouse

Leave to begin: _____

Leave to end: _____

INSTRUCTIONS: For the serious illness of you, your child, parent, or spouse or for the birth of a child, please attach a completed *Certificate of Health Care Provider* form including the expected delivery date for birth of a child. A completed *Employee Record Form* must be submitted upon return from leave.
Please read the statement below, sign and obtain appropriate approvals. Return completed form to the Human Resources Department.

I have read Webster University's Family and Medical Leave Policy and understand the guidelines and requirements.

Employee Signature	Date	Supervisor's Signature	Date
Director/Department Head Approval	Date	Human Resources	Date
Vice President	Date		

HR DEPARTMENT USE

Entered on System _____ (Date) _____ (Initials)

COMMENTS: