GENESEO

Family Medical Leave Act (FMLA)
Leave Request Form

Directions for applying for Leave under FMLA:

- Employee completes this request form & and gives to their Supervisor to sign. The form then gets sent to Human Resources.
- For questions and submission of forms contact Human Resources at 585.245.5616

Part I: Leave Request Data

After HR review, you will be notified as to the status of your leave request.

Employee's Name:	Home Telephone #:
Address:	
REASON FOR REQUEST: (Check one) ☐ Birth of Child (Requires *Form WH380E or WH380F)*	Due Date (M/D/YYYY):
☐ Placement for Adoption/Foster Care (Requires FMLA Leave Request – Adoption Placement Form)	
☐ Serious Health Condition of Employee (Requires *Form WH380E*)	
☐ Care for seriously ill family member (Requires *Form WH380F*) Name:	Relationship:
☐ Military Family (Exigency) Leave Name:	Relationship:
☐ Military Care Giver Leave Name:	Relationship:

Date requested Leave is to begin:	**Date you expect to return to work:**	
Are you requesting intermittent leave? If YES, explain schedule requested:	Yes ☐	No ☐
Are you requesting a reduced work schedule? If YES, explain schedule requested:	Yes ☐	No ☐
Are you requesting to be placed on sick leave at half-pay **(For Classified Employees Only)**? *All accruals must be exhausted prior to using sick leave at half-pay.	Yes ☐	No ☐
Are you requesting to be placed on leave donation **(For Eligible Employees Only)**? *All accruals must be exhausted prior to using leave donation.	Yes ☐	No ☐
Do you want to use accruals during the Leave: * Accruals must be used in order to remain in a paid leave status	Yes ☐	No ☐ Type of accruals? ___SICK ___VAC ___PL __HOL
Do you want to be placed on FMLA Leave without pay for any period? Explain request:	Yes ☐	No ☐

Part II: Employee Entitlement and Responsibilities

I understand that:

- During my FMLA-eligible period of paid leave, my benefits will continue.
- For unpaid leave only: information on continuing premium payments will be sent to me by the Employee Benefits Division, NYS Department of Civil Service, after the Division is notified of my FMLA leave without pay.
- I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.

Employee Signature:	Date:

Part III: Supervisor Information

Supervisor Signature:	Print Name:	Date:
Department Head Signature:	Print Name::	Date: