

# GENESEO

## Leave Request Form

### Directions for applying for Leave:

- Employee completes this request form & 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: Personal Information

Employee's Name:	Home Telephone #:
Address:	

### Part II: Leave Request Data

FMLA: <input type="checkbox"/>		Paid Family Leave(PFL): <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP <b>Additional forms required</b>	
<input type="checkbox"/> Birth of Child	Due Date (M/D/YYYY):	(Requires WH380E)	<input type="checkbox"/> Bond with a healthy newborn child or a child placed for adoption or foster care. (Requires this form only)
<input type="checkbox"/> Serious Health Condition of Employee (Requires <i>Form WH380E</i> )			
<input type="checkbox"/> Care for seriously ill family member (Requires <i>Form WH380F</i> )			
Name:		Relationship:	
<input type="checkbox"/> Military Family (Exigency) Leave		<input type="checkbox"/> Military Care Giver Leave	
Name:		Relationship:	
Date requested Leave is to begin:		Date you expect to return to work:	
How many weeks of FMLA requested?		FMLA start date?	
How many weeks of PFL requested?		Start date of PFL?	
Are you requesting intermittent leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you requesting a reduced work schedule? If yes, Please explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
Are you requesting to be placed on leave donation (For Eligible Employees Only)? *All accruals must be exhausted prior to using leave donation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you want to use accruals during the Leave: * Accruals must be used in order to remain in a paid leave status	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you want to be placed on FMLA Leave without pay for any period? Explain request:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Part III: 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:
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### Part IV: Supervisor Information

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