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| **INSTRUCTIONS** |
| Complete this form to request an absence in accordance with the Family and Medical Leave Act (FMLA). Consult with your FMLA/SPF Coordinator to determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/SPF absence cannot be used for approved work-related injuries. Reference the *Notice to Employees* for additional information. **Changes to leave elections must be made on a subsequent *Request for FMLA/SPF Absence* form and will be applied to absences prospectively.**  |
| **EMPLOYEE INFORMATION** |
| Employee Name | Personnel Number | Agency/Work Location |
|       |       |       |
| Supervisor Name | Preferred Telephone Number (Optional) | Preferred E-mail Address (Optional) |
|       |       |       |
| **REASON FOR ABSENCE (check one)** |
| [ ]  My Own Serious Health Condition (*Employee Serious Health Condition Certification* is required)[ ]  To Care for a Family Member (*Family Member Serious Health Condition Certification* is required) |
|  | Name of Family Member | Relationship  | Age (if child)\* |  |
|  |       |       |       |  |
| \*NOTE: For child 18 years or older, the *Adult Child Certification of Disability* is required **[ ]** For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required) |
| **AMOUNT OF LEAVE NEEDED (check all that apply; use estimated date if actual dates are unknown)** |
| [ ]  Full-time absence from       through       [ ]  Intermittent absences from       through        *(sporadic absences, may be unpredictable in nature)*[ ]  Reduced-time absences from       through        *(set, recurring absence, e.g., work 4 hours per day or off every Monday. For reduced-time absences due to the birth, adoption, or foster care placement of a child, approval will be consistent with operational needs; please discuss the work times with your supervisor prior to request.)*Proposed Reduced-time Schedule:        |
|  |
| **LEAVE ELECTIONS (check all that apply)** |
| The use ofall applicable accrued (actual) sick leave is mandatory and automatically applied for absence reasons that sick leave is ordinarily used before any other *optional* paid absence type is applied. For full-time absences, leave will be applied in the order listed below unless you provide other instructions in the space provided below.

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|  **Accrued (Actual) Leave**[x]  Sick (YS)/Sick Family (YSF)/Additional Sick Family (YSC)[ ]  Annual (YA)[ ]  Combined (YC)[ ]  Personal (YP)[ ]  Holiday (YH)[ ]  Compensatory (YCMP) |  **Anticipated Leave\*\***[ ]  Sick (YS)/Sick Family (YSF)[ ]  Annual (YA)[ ]  Combined (YC)[ ]  Personal (YP) |

**If no leave election boxes are checked, unpaid leave will automatically be applied after all applicable sick leave is exhausted.**[x]  Unpaid Leave (YUSO, YUPO or YUFO)\*\* NOTE: If you elect anticipated leave and then commence unpaid FMLA/SPF Absence, it will result in a negative anticipated leave quota. Additionally, if you separate from employment, it will result in a debt that will need to be recouped. |
| **SPECIAL INSTRUCTIONS FOR USING LEAVE** |
| [ ]  Please save     accrued/actual sick days (10 days maximum, if permitted in collective bargaining agreement) \*\*\*\*\*\*NOTE: If elected, you cannot use anticipated sick leave. |
| **ACKNOWLEDGEMENT - I have read and understand the information and leave elections on this form.** |
| Signature | Date |
|  |       |
| **RETURN COMPLETED FORM TO** |
| **[NAME], FMLA/SPF Coordinator, [AGENCY]****[ADDRESS]** **Phone: [XXX.XXX.XXXX] Fax: [XXX.XXX.XXXX] E-mail: [USERID@pa.gov]**  |