

Provide the below information when requesting FMLA/SPF forms be sent to an employee. Send to the OA-HR Service Center, Absence Services at ra-spfabsence@pa.gov.

Date Requested	
Agency	
District, Facility, Office, etc. (org # if known)	
Employee Name	
Employee Number	
Self, Family Member or Parental (For family member, provide the relationship; if the child is 18 or over, provide the age. Indicate parental for the birth/adoption/foster care placement of a child)	
Type of Absence (select from the drop-down)	
If Parental – Does the Employee want Paid Parental (YPAR) leave	
If Parental – Amount of time requested or exact dates requested off, if known	
First Date of Absence (required)	
Is this condition the result of a work-related injury? (Select yes or no)	
Additional Information	
Who is requesting FMLA? (select from the drop-down. Only select "employee" if the employee specifically requested FMLA forms.)	