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)
☐ For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

*NOTE: For child 18 years or older, the Adult Child Certification of Disability is required

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)
☐ For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

*NOTE: For child 18 years or older, the Adult Child Certification of Disability 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 __________
☐ Reduced-time absences from __________ through __________

☐ Proposed Reduced-time Schedule: ____________________________________________________________

LEAVE ELECTIONS (check all that apply)
The use of all 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.

Accrued (Actual) Leave
☒ 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)

Commonwealth Paid Leave
☐ Paid Parental Leave (YPAR)

If no leave election boxes are checked, unpaid leave will automatically be applied after all applicable sick leave is exhausted.

☒ Unpaid Leave (YUSO, YUPO or YUFO)

** NOTE: If you elect anticipated leave and then commence unpaid 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)

ACKNOWLEDGEMENT - I have read and understand the information and leave elections on this form.
Signature
Date

RETURN COMPLETED FORM TO
[NAME], FMLA Specialist, [AGENCY]
[ADDRESS]
Phone: [XXX.XXX.XXXX] Fax: [XXX.XXX.XXXX] E-mail: [USERID@pa.gov]

Version 9.23.2020