

Family Medical Leave Act Request for Military Caregiver Absence

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|---|---|---|--|---|---|---|--|--|---|--|--|--|
| EMPLOYEE INFORMATION: | | | | | | | | | | | | |
| Employee Name | Personnel Number | Home Telephone Number (optional) | | | | | | | | | | |
| Agency | Work Location | | | | | | | | | | | |
| Supervisor's Name | Timekeeper's Name (optional) | | | | | | | | | | | |
| REQUEST INFORMATION: | | | | | | | | | | | | |
| <p>I am requesting Military Caregiver Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed <i>Serious Injury or Illness of a Current Servicemember Certification</i> or <i>Serious Injury or Illness of a Veteran Certification</i> form within 15 days to support the request which will be reviewed for approval within five business days.</p> | | | | | | | | | | | | |
| <p>1. This request is for absence due to the serious illness or injury of the below covered servicemember:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Family Member</td> <td style="width: 50%;">Relationship</td> </tr> </table> | | | Name of Family Member | Relationship | | | | | | | | |
| Name of Family Member | Relationship | | | | | | | | | | | |
| <p>2. Is this your first request for this Military Caregiver Absence event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | |
| <p>3. I anticipate being absent from work during the following time period due to this event:</p> <table style="width: 100%;"> <tr> <td style="width: 45%; vertical-align: top;"> <p>Full-Time Absence</p> <p>From Date <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> To Date <input style="width: 100px;" type="text"/></p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 45%; vertical-align: top;"> <p>Intermittent or Reduced-Time Absence</p> <p>From Date <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> To Date <input style="width: 100px;" type="text"/></p> </td> </tr> </table> <p><input type="checkbox"/> For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode?</p> | | | <p>Full-Time Absence</p> <p>From Date <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> To Date <input style="width: 100px;" type="text"/></p> | OR | <p>Intermittent or Reduced-Time Absence</p> <p>From Date <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> To Date <input style="width: 100px;" type="text"/></p> | | | | | | | |
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| <p>4. I am electing to use the following paid absence types, if they are available. Check all that apply. If requested, paid absence must be used before using unpaid leave for each absence. Absence types requested to be used will be applied in the order below (accrued leave first) unless another order is requested in the "Comments" section below. Please note that accrued sick family, accrued additional sick family (when applicable), accrued annual/combined, accrued personal, accrued holiday, and accrued compensatory are mandatory and automatically applied before any other absence type is applied. In addition, changes to the leave election below must be made on a subsequent <i>Request for Military Caregiver Absence</i> form and will be applied to absences prospectively.</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Accrued Sick Family and Additional Sick Family (mandatory when applicable)</td> <td><input type="checkbox"/> Anticipated Sick Family (optional)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Accrued Annual/Combined (mandatory)</td> <td><input type="checkbox"/> Anticipated Annual/Combined (optional)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Accrued Personal (mandatory)</td> <td><input type="checkbox"/> Anticipated Personal (optional)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Accrued Holiday (mandatory)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Accrued Compensatory (mandatory)</td> <td></td> </tr> </table> <p>After using accrued sick family, accrued additional sick family, accrued annual/combined, accrued personal, accrued holiday, accrued compensatory and other paid leave as indicated above, unpaid military caregiver absence will automatically be applied.</p> <p><input checked="" type="checkbox"/> Unpaid Military Caregiver Absence</p> | | | <input checked="" type="checkbox"/> Accrued Sick Family and Additional Sick Family (mandatory when applicable) | <input type="checkbox"/> Anticipated Sick Family (optional) | <input checked="" type="checkbox"/> Accrued Annual/Combined (mandatory) | <input type="checkbox"/> Anticipated Annual/Combined (optional) | <input checked="" type="checkbox"/> Accrued Personal (mandatory) | <input type="checkbox"/> Anticipated Personal (optional) | <input checked="" type="checkbox"/> Accrued Holiday (mandatory) | | <input checked="" type="checkbox"/> Accrued Compensatory (mandatory) | |
| <input checked="" type="checkbox"/> Accrued Sick Family and Additional Sick Family (mandatory when applicable) | <input type="checkbox"/> Anticipated Sick Family (optional) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Accrued Annual/Combined (mandatory) | <input type="checkbox"/> Anticipated Annual/Combined (optional) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Accrued Personal (mandatory) | <input type="checkbox"/> Anticipated Personal (optional) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Accrued Holiday (mandatory) | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Accrued Compensatory (mandatory) | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |
| SIGNATURE: I have read and understand my leave elections above. | | | | | | | | | | | | |
| Signature | Date of Request | | | | | | | | | | | |
| <p>Please return this form to:</p> <p style="text-align: center;"> FMLA Specialist HR Service Center - FMLA PO Box 824 Harrisburg, PA 17108-0824 </p> <p style="text-align: center;"> Phone: 717.346.4667 Fax: 717.425.5389 Email: RA-SPFabsence@pa.gov </p> | | | | | | | | | | | | |