



**REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

Please complete this form in its entirety. All leaves are subject to compliance with Adelphi University's Family and Medical Leave Policy. A leave request is not approved until this form is signed by Human Resources and a copy is returned to the employee applying for the leave.

**PART I - TO BE COMPLETED BY EMPLOYEE**

To: **Adelphi University**  
**Attn: Office of Human Resources**  
**One South Avenue, Garden City, NY 11530**

From: \_\_\_\_\_

Date: \_\_\_\_\_

You informed us that you needed leave beginning on \_\_\_\_\_ for:

Reason for request:

\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care.

\_\_\_ Your own serious health condition.

\_\_\_ Because you are needed to care for your \_\_\_ spouse \_\_\_ son or daughter \_\_\_ parent due to his/her serious health condition.

\_\_\_ Because of a qualifying exigency arising out of the fact that your \_\_\_ spouse \_\_\_ son or daughter \_\_\_ parent \_\_\_ next of kin is on covered active duty or has been notified of an impending call to active duty status for deployment in a foreign country of a member of either the regular or reserve component of the Armed Forces.

\_\_\_ Because you are the \_\_\_ spouse \_\_\_ son or daughter \_\_\_ parent \_\_\_ next of kin is a covered service member with a serious injury or illness.

Date Leave to Begin \_\_\_\_\_

Probable End Date of Leave \_\_\_\_\_

Intermittent Schedule \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Approval \_\_\_\_\_ Date \_\_\_\_\_