



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 _____