

Murray State University Request for FMLA Leave

1. Name	2. M Number											
3. Department Name	4. Department Head Name	5. Leave Dates Requested From _____ To _____										
<p>6. Type of FMLA Leave Requested</p> <p><input type="checkbox"/> a. The birth of my child (within 12 months of birth), not to exceed a total of six months if both parents are Murray State employees;</p> <p><input type="checkbox"/> b. Placement of a child with me for adoption or foster care (within 12 months), not to exceed a total of six months if both parents are Murray State employees;</p> <p><input type="checkbox"/> c. Care for my spouse, child or parent with a serious health condition;</p> <p><input type="checkbox"/> d. A serious health condition rendering me unable to perform my job;</p> <p><input type="checkbox"/> e. Care for a covered servicemember with a serious injury or illness incurred in the line of duty on active duty. I am the spouse, son, daughter, parent, or next of kin of the servicemember; or</p> <p><input type="checkbox"/> f. A qualifying exigency leave while a covered military member (my spouse, son, daughter, or parent) is on active duty or call to active duty status in support of a contingency operation as defined by regulation.</p> <p style="margin-left: 20px;">Type of qualifying exigency:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Short-notice deployment</td> <td style="width: 50%;"><input type="checkbox"/> Counseling</td> </tr> <tr> <td><input type="checkbox"/> Military events and related activities</td> <td><input type="checkbox"/> Rest and recuperation</td> </tr> <tr> <td><input type="checkbox"/> Childcare and school activities</td> <td><input type="checkbox"/> Post-deployment activities</td> </tr> <tr> <td><input type="checkbox"/> Financial and legal arrangements</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other, listed here _____</td> <td></td> </tr> </table> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> g. Intermittent leave or work a reduced schedule medically necessary due to my or my family member's serious health condition, the serious injury or illness of a covered servicemember, or with the University's agreement for the birth or placement of a child. I must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt MSU's operations. In addition, leave due to a qualifying exigency may be taken on an intermittent or reduced leave schedule basis.</p>			<input type="checkbox"/> Short-notice deployment	<input type="checkbox"/> Counseling	<input type="checkbox"/> Military events and related activities	<input type="checkbox"/> Rest and recuperation	<input type="checkbox"/> Childcare and school activities	<input type="checkbox"/> Post-deployment activities	<input type="checkbox"/> Financial and legal arrangements		<input type="checkbox"/> Other, listed here _____	
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I certify that I:

- a. have worked for Murray State University for a total of at least 12 months, and*
- b. have worked at least 1,250 hours over the previous 12 months.*

I understand that my leave must be approved and that I may be required to obtain documentation from health care providers and/or others before approval is considered. Human Resources staff will provide further instructions, based on the type of leave requested.

Signature of Requester

Date

Signature of Department Head or Supervisor

Date

Send this completed form to the Murray State University Human Resources Dept., 404 Sparks Hall, Murray, KY 42071. Fax 270-809-3464.
Questions? Call MSU Human Resources at 270-809-2146.