Medical Leave/FMLA Request Form

This form should be completed at least 30 days in advance of the need for a medical leave. If the 30 day advance notice is not possible, notice should be provided as soon as possible.

Employee Name: First name Last name
Dept/Job Title
Ext:
Hm Ph:

Home Address: Street, City, State, Zip Code

Status: (Please circle) Administrative Faculty Clerical Full-Time Part-Time

Temporary

Hire Date: Supervisor: Ext.

Reason for medical leave request. Please check one and complete.

☐ Maternity---Expected date of birth
Do you plan to take additional family leave time (using vacation or unpaid time) after you are medically released from your doctor to return to work? Yes No
If yes, number of vacation days to be used _________ and number of unpaid days to be used ____________.
This information should be used by the department to report sick, vacation and unpaid time.

Please notify Patricia Lee at leep1@duq.edu or at x5105 and your supervisor if the number of vacation or unpaid days change after completing this form.

☐ For a serious health condition or medical procedure that makes me unable to perform my job.
Leave to start: ___________________________ Expected period of disability: ___________________________

☐ Serious health condition affecting your ___ spouse, ___ child, ___ parent, for which you are needed to provide care.
Leave to start: ___________________________ Expected length of leave ___________________________

☐ Call to Duty Leave: Eligible employees may take up to 12 weeks on unpaid leave for a “qualifying exigency”, for the employee’s spouse, son, daughter or parent in the National Guard or the Reserves being notified of an impending call or order to active duty.
Leave to start: ___________________________ Expected length of leave ___________________________

☐ Military Caregiver Leave: Eligible employees may take up to 26 weeks of unpaid leave to care for a spouse, son, daughter, parent or next of kin service member with a serious injury or illness incurred in the line of duty on active duty.
Leave to start: ___________________________ Expected length of leave ___________________________

Employee’s signature Date
Supervisor’s signature Date

This form must be signed by both employee and supervisor. Please fax completed form to 412-396-4822 or email to leep1@duq.edu.