

**CARNEGIE MELLON UNIVERSITY**  
**APPLICATION FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

1. Name

2. Department

3. Reason for leave:

Employee's serious health condition

Have you applied, or will you apply, for Short-term Disability benefits?

yes  no

Care of a seriously ill family member  
(select one)  child  spouse  parent

Care for a new child:  
 Birth  Adoption  Foster care of a child

Expected Date of birth, adoption or entrusted with foster care

Call to Duty Leave: *Eligible employees may take up to 12 weeks of unpaid leave for a "qualifying exigency," related to the active duty status of the employee's spouse, son, daughter, or parent.*

Service Member Family Leave: *Eligible employees may take up to 26 weeks of unpaid leave to care for a family member wounded while on active military duty.*

4. Leave expected to Begin:  Leave expected to End:

5. Leave will be intermittent:  yes  no

6. Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT Supervisor's Name

Return form to: Email: [leavemgmt@andrew.cmu.edu](mailto:leavemgmt@andrew.cmu.edu)  
Fax: 412-268-7068  
Physical Location: UTDC - 4516 Henry St