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: Carnegie Mellon University
Office of Human Resources
5000 Forbes Avenue
Pittsburgh, PA 15213-3815
Fax: 412-268-7068
Physical Location: UTDC