



## Application for Family & Medical Leave of Absence

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reason for Requested Leave (please check one):

- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your \_\_\_ spouse or same-sex domestic, \_\_\_ dependent child, or \_\_\_ parent, for which you are needed to provide care.
- The birth of your child, or placement of a child with you for adoption or foster care.
- A qualifying urgent need arising out of the fact that your \_\_\_ spouse or same-sex domestic partner, \_\_\_ child, or \_\_\_ parent is on active duty in the Armed Forces, or has been called to active duty, in support of a contingency operation.
- To provide care to your \_\_\_ spouse or same-sex domestic partner, \_\_\_ child, \_\_\_ parent, or \_\_\_ next of kin who is a recovering member of the Armed Forces (member of the Armed Forces who suffered a serious injury or illness in the line of duty while on active duty, that may render the service member unable to perform the duties of his/her office, grade, rank, or rating).

Date Leave Expected to Begin: \_\_\_\_\_ Anticipated Return to Work Date: \_\_\_\_\_

**(Please notify Human Resources of your actual first day away from work, and your return to work date.)**

If intermittent leave or a reduced work schedule is requested, please provide an estimated work schedule:

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

A "Medical Leave; Certification of Physician or Health Care Practitioner" form must be completed by the employee's or patient's physician and submitted to Human Resources, as applicable based on the type of leave requested. The "Medical Leave" form is not required if leave is being requested due to the birth or adoption of a child or call to active duty in the Armed Forces. Medical information provided in conjunction with an application for Family & Medical Leave will be kept confidential.

***Please return this completed application to Human Resources, Franklin & Marshall College, P.O. Box 3003, Lancaster, PA 17604-3003, or fax to (717) 291-3969.***