SKIDMORE COLLEGE Request for Family and Medical Leave

Employee's Name:	
Position:	Department:
Please complete the applicable section below and forward this application to your Supervisor. You may apply for an unpaid leave of absence (after the first 5 days) or a combination of eligible paid leave and unpaid family and medical leave provided that the total leave arrangements under this policy do not exceed 12 weeks (26 weeks for certain service member-related leaves) in a calendar year.	
Reason for Leave: (check one)	
 □ Birth of a child □ Adoption or placement of a child for foster care □ Serious health condition of employee □ Serious health condition of: (circle one) spouse, child or parent (requires doctor certification) □ Matters related to a covered family member's active duty or call to active duty in the Armed Forces. □ To care for an injured or ill service member who is a covered "next of kin" □ Other (please explain) 	
Explanation:	
Anticipated Date of Leave: Al	nticipated Date of Return:
As per FMLA Leave policy, the first 5 days of leave will be charged to Absence, Vacation or Personal leave (in that order) depending on availability.	
After the first five days of FMLA Leave, I wish to use the following leave: Absence Hours (Local 200 United and Trades employees or Vacation Leave (Must be taken in ½ day increments) Personal Leave (To be taken as per Handbook or Union Cort	nly) hours hours
I agree to provide a medical certification from a physician verifying the serious health condition of my spouse, child, parent, or covered "next of kin." I hereby authorize Skidmore College to contact my physician to verify the reason for my requested leave or for any other related information concerning my request for family and medical leave.	
I hereby apply for a Family and Medical Leave without pay for the conclusion of the approved leave, I will return to the same failure to return to work on or before the scheduled return date of employment from Skidmore College, unless the College office	e or similar position and salary. I understand that indicated below shall be considered as resignation
I further understand that if I am on Family and Medical Leave may be required to reimburse the College for all health care leave.	
Applicant's Signature:	Date:
Supervisor/Department Head's Approval:	Date:
TO BE COMPLETED BY HUMAN RESOURCES	
Human Resources Approval: Paid Leave to Begin:	Date:
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RETURN TO HUMAN RESOURCES