

KENNESAW STATE UNIVERSITY – REQUEST FOR LEAVE OF ABSENCE

Employee Completes Section 1 WKU 5 X J K

| Section 1: Personal Information | | |
|---------------------------------|-------------|--------------|
| Last Name: | First Name: | Employee ID: |
| Home Address: | Work Phone: | Department |
| | Home Phone: | |

Medical Certifications

| Employee Illness | Certification of Health Care Provider for Employee's Serious Illness |
|--|--|
| Child/Parent/Spouse Illness | Certification of Health Care Provider for Family Member's Illness |
| Maternity | Certification of Health Care Provider |
| Military Caregiver | Certification of Serious Illness of Injury of Covered Service Member |
| Non-Medical Leave of Absence | |
| Paid Parental Leave (Runs concurrently with FMLA, if eligible for FMLA) | Birth Notice / Birth Certificate |
| Paternity (Must be taken within one year of birth) | Certification of Health Care Provider for Family Member / Birth Notice |
| Adoption/Placement of Foster Child (Must be taken within one year of placement)) | Adoption Decree / Certificate or Letter of Placement |
| Military Exigency | Certificate of Qualifying Exigency (DOL W/384) |

| Section 4: Leave Details / Type of Leave |
|--|
| Leave is— |
| Continuous – Off work completely from _____ to _____ |
| Partial– Restricted work schedule _____ hours/days per week/month |
| Intermittent – Time off as needed _____ times per week/month _____ hours per day |

Section 5: Employee Acknowledgements (Please initial each item)

____ I understand that while on leave, I will be required to use my sick leave accruals; and if my sick leave accruals are exhausted during my leave, vacation hours will be applied.

____ I understand it is my responsibility to stay in communication with Human Resources and my supervisor regarding my return to work and that failure to return to work on my designated return date without approval of leave extension may be treated as a resignation or subject to disciplinary action.

Section 6: Human Resources (This Section completed by HR/Benefits)

Name: _____ Title: _____

Signature: _____ Date Request Received: _____

Date Paperwork Received _____ Date Leave Approved: _____

Does Leave Qualify for FMLA: _____

If this leave is for Family Medical Leave:

(1) Has employee taken FMLA entitlement in the past 12 months? Yes No

If yes, provide dates/hours which have already been applied to FMLA

Dates: From _____ to _____ Total # of hours of FMLA used during the past 12 months _____

(2) If approved, will this leave be taken on an Intermittent basis or include Intermittent use? Yes No

(3) Leave approved by KSU HR From _____ To _____