

Family Medical Leave Act Request for Military Caregiver Absence

EMPLOYEE INFORMATION:

Employee Name	Personnel Number	Home Telephone Number (optional)
Agency	Work Location	
Supervisor's Name	Timekeeper's Name (optional)	

REQUEST INFORMATION:

I am requesting Military Caregiver Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed *Serious Injury or Illness of a Current Servicemember Certification* or *Serious Injury or Illness of a Veteran Certification* form within 15 days to support the request which will be reviewed for approval within five business days.

1. This request is for absence due to the serious illness or injury of the below covered servicemember:

Name of Family Member	Relationship
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2. Is this your first request for this Military Caregiver Absence event? Yes No

3. I anticipate being absent from work during the following time period due to this event:

Full-Time Absence

From Date

to

To Date

OR

Intermittent or Reduced-Time Absence

From Date

to

To Date

For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode?

4. I am electing to use the following paid absence types, if they are available. **Check all that apply.** If requested, paid absence must be used before using unpaid leave for each absence. Absence types requested to be used will be applied in the order below (accrued leave first) unless another order is requested in the "Comments" section below. **Please note that accrued sick family, accrued additional sick family (when applicable), accrued annual/combined, accrued personal, accrued holiday, and accrued compensatory are mandatory and automatically applied before any other absence type is applied. In addition, changes to the leave election below must be made on a subsequent Request for Military Caregiver Absence form and will be applied to absences prospectively.**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Accrued Sick Family and Additional Sick Family (mandatory when applicable) | <input type="checkbox"/> Anticipated Sick Family (optional) |
| <input checked="" type="checkbox"/> Accrued Annual/Combined (mandatory) | <input type="checkbox"/> Anticipated Annual/Combined (optional) |
| <input checked="" type="checkbox"/> Accrued Personal (mandatory) | <input type="checkbox"/> Anticipated Personal (optional) |
| <input checked="" type="checkbox"/> Accrued Holiday (mandatory) | |
| <input checked="" type="checkbox"/> Accrued Compensatory (mandatory) | |

After using accrued sick family, accrued additional sick family, accrued annual/combined, accrued personal, accrued holiday, accrued compensatory and other paid leave as indicated above, unpaid military caregiver absence will automatically be applied.

- Unpaid Military Caregiver Absence

Comments:

SIGNATURE: I have read and understand my leave elections above.

Signature	Date of Request
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Please return this form to: Nipa Browder, Leave Absence Coordinator
1871 Old Main Drive, Suite 109, Shippensburg, PA 17257
Phone: 717-477-1124 Option 1 **Fax:** 717-477-4037 **Email:** nbrowder@ship.edu