

**INSTRUCTIONS**

Complete this form to request an absence in accordance with the Family and Medical Leave Act (FMLA). Consult with your FMLA Coordinator to determine eligibility. Supporting documentation is required within 15 calendar days. FMLA absence cannot be used for approved work-related injuries. See the *Notice to Employees* for additional information.

The use of all applicable accrued (actual) sick leave is mandatory and automatically applied for absence reasons that sick leave is ordinarily used before any other *optional* paid absence type is applied. For full-time absences, leave will be applied in the order listed unless you provide other instructions in the space provided below.

**Changes to leave elections must be made on a subsequent *Request for FMLA Absence* form and will be applied to absences prospectively.**

**EMPLOYEE INFORMATION**

Employee Name	Personnel Number	Agency/Work Location
Supervisor Name	Preferred Telephone Number (Optional)	Home E-mail Address (Optional)

**REASON FOR ABSENCE (check one)**

- My Own Serious Health Condition (*Employee Serious Health Condition Certification* is required)
- To Care for a Family Member (*Family Member Serious Health Condition Certification* is required)
- |                       |              |                 |
|-----------------------|--------------|-----------------|
| Name of Family Member | Relationship | Age (if child)* |
|-----------------------|--------------|-----------------|
- \*NOTE: For child 18 years or older, the *Adult Child Certification of Disability* is required
- For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

**AMOUNT OF LEAVE NEEDED (check all that apply; use estimated date if actual dates are unknown)**

- Full-time absence from \_\_\_\_\_ through \_\_\_\_\_
- Intermittent absences from \_\_\_\_\_ through \_\_\_\_\_  
*(sporadic absences, may be unpredictable in nature)*
- Reduced-time absences\*\* from \_\_\_\_\_ through \_\_\_\_\_  
*(set, recurring absence, e.g., work 4 hours per day or off every Monday)*

Proposed Reduced-time Schedule: \_\_\_\_\_

\*\*NOTE: For reduced-time absences due to the birth, adoption, or foster care placement of a child, approval will be consistent with operational needs; please discuss the work times with your supervisor prior to request.

**LEAVE ELECTIONS (check all that apply)**

- Accrued Sick (YS)/Sick Family (YSF/YSC)
- Accrued Annual (YA)
- Accrued Compensatory (YCMP)

**If no leave election boxes are checked, unpaid leave will be automatically applied after all applicable sick leave is exhausted.**

- Unpaid Leave (YUSO, YUPO or YUFO)

**SPECIAL INSTRUCTIONS FOR USING LEAVE**
**ACKNOWLEDGEMENT - I have read and understand the information and leave elections on this form.**

Signature	Date
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**RETURN COMPLETED FORM TO**

FMLA Specialist  
HR Service Center - FMLA  
PO Box 824  
Harrisburg, PA 17108-0824

Phone: 717.346.4667

Fax: 717.425.5389

Email: RA-SPFabsence@pa.gov