SUNY RF
The Research Foundation for
The State University of New York

Employee Request for Leave

This form must be completed and returned to the office responsible for Research Foundation employees before any request for leave will be approved. Questions about leave or this form should be directed to the office responsible for Research Foundation employees.

Part I: Leave Request Data

Employee's Name: _____   Employee Number: _____
(please print or type)

Reason for Request: Check one

☐ Birth of a child, or placement of a child for adoption or foster care, and to bond with the newborn or newly-placed child

☐ Serious Health Condition of Employee

☐ Care for Seriously Ill Family Member

   If checked, provide name of seriously ill family member and relationship to employee

   Name: _____   Relationship _____

☐ Because of a qualifying exigency arising out of the fact that your spouse, son/daughter, or parent is on active duty or call to active duty status in a foreign country as a member of the Armed Forces, National Guard or Reserves.

☐ Because you are the spouse, son/daughter, parent or next of kin of a covered service member with a serious injury or illness

☐ Because you are the spouse, son/daughter, parent or next of kin of a veteran with a serious injury or illness

   If checked, provide name of seriously ill family member and relationship to employee

   Name: _____   Relationship _____

☐ Other Leave. If checked, specify: _____

Date the request leave is to begin _____   Date you expect to return to work _____

Are you requesting intermittent leave? No _____ Yes _____   If YES, explain intermittent periods.

_____

_____

Are you requesting a reduced work schedule for leave? No _____ Yes _____ If YES, explain schedule requested.

_____

Have you previously been approved for leave? No _____ Yes _____ If YES, give the dates of the leave period:

_____

Part II: Paid Time Off

I plan on using my paid time off accrual balances while on FMLA. (Vacation, Sick, Personal & Holiday) No_____ Yes_____

I plan on a portion of my FMLA to be unpaid No_____ Yes_____

Please note: If you are on FMLA for your own health condition, PTO sick must be used.

Part III: Employee Entitlement and Certification

I understand that I am responsible for notifying the Research Foundation immediately of any change(s) in the leave request outlined above.

Employee's Signature: _____ Date: _____