



Employee FMLA Leave Request

You have a right under the Family Medical Leave Act (FMLA) or 1993 to receive up to 12 weeks of unpaid leave in a designated 12 month period for the reasons listed below. To initiate a request for FMLA, complete this form and return it to the Department of Human Resources by email at benefits@radford.edu or campus mail to PO Box 6889 within 30 days of your need for leave. The purpose of this form is to gather information about your request and determine eligibility for FMLA.

I - Employee Information

Name (Last, First MI): _____ Radford ID Number: _____

Home Address: _____
Street City State Zip Code

Work Email: _____@radford.edu Work Phone: _____

Personal Email: _____ Personal Phone: _____

II - Position Information

Job Title: _____ Department: _____

Employment Type: AP Faculty Classified TR Faculty Adjunct Wage

Essential Job Functions

Supervisor Name: _____ Supervisor Phone: _____

Has your supervisor been notified of your need for FMLA? Yes No

III - Leave Information

Leave Category: Applicable Leave Balances Leave Without Pay Paid Parental Leave

Reason For Leave:

Birth of your child or placement of a child with you for adoption or foster care.

A serious health condition that makes you unable to perform the essential functions of your job.

A serious health condition affecting your spouse, child, or parent for which you are needed to provide care.

You are the spouse, child parent, or next of kin of a covered service member with a serious injury or illness for which you are needed to provide care.

Do you have a spouse who is employed by Radford University? Yes No

If yes, is your spouse requesting FMLA for the same or another reason? Yes No

Length of Leave: Begin Date: _____ Return to Work Date: _____

Is request for *intermittent Leave or a Reduced Work Schedule? Yes No

*An employee requesting leave intermittently (take a day or days periodically when needed) or use leave to reduce the work day or work week, resulting in a reduced work schedule for maternity leave must obtain prior supervisors approval.

If your leave begin and/or return to work dates change, you must notify HR at 831-5008 or benefits@radford.edu immediately.

Employee Signature: _____ Date: _____