

Date Completed: \_\_\_\_\_

## Employee Leave Request Form

Complete this form for Family Medical Leave or Extended Medical Leave. If applying for Family Medical Leave you must also provide the U.S. Department of Labor form (4 pages).

The completed form should be returned to:

Campus Mail: Human Resources – Leaves AC 708

Fax: Human Resources – Leaves (859) 572-6998

### Employee Information

Employee #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Time Administrator Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason for Leave:

<input type="checkbox"/>	Self – Serious health condition	If the leave is to care for a family member, please mark the relationship of that person to you:	
<input type="checkbox"/>	Birth or first year care of a child		
<input type="checkbox"/>	Placement of a child for adoption/foster care	<input type="checkbox"/>	Spouse (husband/wife) by law
<input type="checkbox"/>	Care of a spouse, child, parent, or other party with a serious health condition	<input type="checkbox"/>	Child (someone for whom you have primary care)
<input type="checkbox"/>	Military Orders	<input type="checkbox"/>	Parent (not parent in-law)
<input type="checkbox"/>	Personal	<input type="checkbox"/>	Other relative (please specify): _____

### Dates

Last day to be worked: \_\_\_\_\_

Leave begin date: \_\_\_\_\_

Estimated return to work: \_\_\_\_\_

### Signatures

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*I understand that by signing this form I am authorizing a designated NKU human resources professional to contact any health care provider to verify and/or clarify the information and to confirm return to work documents, if needed. I understand that if I do not agree to this authorization, my FML leave request could be delayed or denied.*

***I understand that if all or a portion of my leave is unpaid, I am responsible for payment of my portion of my benefit costs for this unpaid period.***

***An employee who fraudulently obtains FML will be subject to disciplinary action, up to and including termination.***