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| Human Resources DepartmentDept. 3422 • 1000 E. University Ave. • Room 341, Hill Hall • Laramie, WY 82071-2000Phone (307) 766-4220 • fax (307) 766-5636 • www.uwyo.edu/hr  |

**Leave of Absence Request
Family and Medical Leave Act (FMLA)**

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| Name: work phone #  | Employee ID | Date  |
| Department Supervisor:  | Job Title | Hire DateDates previously employed by UW, if any   |

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| **To be completed by the employee or his/her department representative:**A leave of absence is requested from  to  due to: [ ]  The birth of a child, or placement of a child for adoption or foster care;[ ]  The employee’s own serious health condition;[ ]  The employee is the [ ]  spouse; [ ]  son or daughter; [ ]  parent; [ ]  next of kin of a covered service member with a serious injury or illness.[ ]  The employee is needed to care for his/her [ ]  spouse; [ ]  son or daughter; [ ]  parent; [ ]  next of kin of a covered service member with a duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.Leave is requested for a [ ]  single block of time or [ ]  an intermittent/reduced work schedule. If intermittent/reduced schedule, please explain. I understand certification is required for leave due to a serious health condition or pregnancy related disability in order for leave to be granted. You will receive an eligibility notice and medical certification form for your medical provider to complete.If leave is taken, the employee can be reached while on leave at:Telephone:  Address: Comments: Employee or department representative signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If this form is received electronically and sender is identifiable, a signature is not required.) |
| **PLEASE RETURN THIS FORM TO Kira Poulson,** **kpoulson@uwyo.edu****, 341 Hill Hall** |

 **If you have any questions, please contact Kira Poulson in Human Resources at (307) 766-4220.**

**Office Use Only: Eligible hours for FMLA: \_\_\_\_\_\_ Sick:\_\_\_\_\_\_Vacation:\_\_\_\_\_\_ Comp time: \_\_\_\_\_\_ Print PDQ** [ ]