



Human Resources Department  
 3201 Arch Street, Suite 430  
 Philadelphia, PA 19104  
 Fax number 215-895-5813

**REQUEST FOR LEAVE OF ABSENCE FAMILY AND MEDICAL LEAVE**

| Employee Information        |             | Supervisors Information |
|-----------------------------|-------------|-------------------------|
| Today's Date:               |             |                         |
| Name:                       |             |                         |
| University ID:              |             |                         |
| E-mail address:             |             |                         |
| Status (please circle)      | FT    PT    |                         |
| University mailing address: |             |                         |
| University phone #          | (    )    - | (    )    -             |
| Home mailing address:       |             |                         |
| Home phone #:               | (    )    - |                         |

Please complete supervisors Information below

I require a Leave of Absence due to the following reasons:

| Reason for Request For Leave of Absence  |
|--|
| The birth of my child and to care for it.  |
| The placement of a child in my home due to adoption or foster care.  |
| A serious health condition that makes me unable to perform the essential functions of my Job. I understand that I must provide certification from a health care provider to Human Resources within fifteen days. |
| A serious health condition affecting my __ spouse, __ child, __ parent, for which I am needed to provide care. Medical certification may be required.  |

Full Leave ---- to begin on \_\_\_\_\_ and expected to return on or about \_\_\_\_\_.

Intermittent Leave ---- Number of working days/hours projected \_\_\_\_\_.

Please be advised that you are required to submit a Certification of Health Care Provider form in order for your leave to be counted or protected by FMLA, failure to provide the appropriate documentation will result in your absence being counted as an incident(s) under Drexel's attendance policy HR-45. All polices and procedures are available at [www.drexel.edu](http://www.drexel.edu).

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

\_\_\_\_\_  
Date

|                 |
|-----------------|
| For HR Use Only |
| _____           |
| _____           |