GENESEO

# Leave Request Form

**Directions for applying for Leave:**

- Employee completes this request form & and gives to their Supervisor to sign. The form then gets sent to Human Resources.
- For questions and submission of forms contact Human Resources at 585.245.5616

## Part I: Personal Information

| Employee's Name: | Home Telephone #: |
|---|---|
| Address: | |

## Part II: Leave Request Data

**FMLA :** ☐ **Paid Family Leave(PFL):** ☐ MC 06 ☐ MC 13 ☐ UUP **Additional forms required**

| | |
|---|---|
| ☐ Birth of Child (Requires *Form WH380E or WH380F)* | Due Date (M/D/YYYY): |
| ☐ Serious Health Condition of Employee (Requires *Form WH380E*) | |
| ☐ Care for seriously ill family member (Requires *Form WH380F*)<br>Name: Relationship: | ☐ Placement for Adoption/Foster Care<br>(Requires FMLA Leave Request – Adoption Placement Form) |
| ☐ Military Family (Exigency) Leave<br>Name: Relationship: | ☐ Military Care Giver Leave<br>Name: Relationship: |
| **Date requested Leave is to begin:** | **Date you expect to return to work:** |
| **How many weeks of FMLA requested?** | **FMLA start date?** |
| **How many weeks of PFL requested?** | **Start date of PFL?** |
| Are you requesting intermittent leave? | Yes ☐ No ☐ |
| Are you requesting to be placed on sick leave at half-pay **(For Classified Employees Only)**? *All accruals must be exhausted prior to using sick leave at half-pay. | Yes ☐ No ☐ |
| Are you requesting to be placed on leave donation **(For Eligible Employees Only)**? *All accruals must be exhausted prior to using leave donation. | Yes ☐ No ☐ |
| Do you want to use accruals during the Leave:<br>* Accruals must be used in order to remain in a paid leave status | Yes ☐ No ☐ |
| Do you want to be placed on FMLA Leave without pay for any period?<br>Explain request: | Yes ☐ No ☐ |

## Part III: Employee Entitlement and Responsibilities

**I understand that:**

- During my FMLA-eligible period of paid leave, my benefits will continue.
- For unpaid leave only: information on continuing premium payments will be sent to me by the Employee Benefits Division, NYS Department of Civil Service, after the Division is notified of my FMLA leave without pay.
- I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.

| Employee Signature: | Date: |
|---|---|

## Part IV: Supervisor Information

| Supervisor Signature: | Print Name: | Date: |
|---|---|---|
| Department Head Signature: | Print Name:: | Date: |