

Request for Family/Medical Leave Form

Kean University

Please complete this request form, attach the appropriate medical certification, and submit to the Office of Human Resources. If you have questions, please feel free to contact Lorice Thompson-Greer at (908) 737-3309 or via email at lgreer@kean.edu.

Name: _____ Title: _____
 Home Address: _____
 Home Telephone: _____ Work Extension: _____ Email: _____

I hereby request a family and/or medical leave for reason of:

Please check one	Reason	Type of Leave
<input type="checkbox"/>	Personal Illness	FMLA
<input type="checkbox"/>	Maternity Leave	FMLA
<input type="checkbox"/>	Care of Newborn Child	FMLA/NJFLA
<input type="checkbox"/>	Placement of a Child—Adoption or Foster Care	FMLA/NJFLA
<input type="checkbox"/>	Care for sick family member--child, parent, spouse, in-laws	FMLA/NJFLA
<input type="checkbox"/>	Military: Qualifying Exigency – child, parent, spouse	FMLA
<input type="checkbox"/>	Military: Care of Covered Service Member	FMLA

Period of leave

From _____ To _____, date return to work on _____

- Intermittent or reduce leave
- I request to use earned sick time*
- I request to use my earned vacation time*
- I request to use my compensation time*
- I request for leave of absence without pay**

I acknowledge that I have informed my supervisor of my request for leave of absence. (For faculty members, notice should be provided to the Chairperson/Executive Director, Dean, and VPAA.)

Employee Signature _____ Date _____

**Please note that if you are approved for a leave of absence, you may charge paid time off (including sick, vacation, personal, administrative and/or compensatory) that you have accrued to-date. However, you will not be allowed to charge the time that was credited to you at the beginning of the year and that you have not earned. Please contact Time and Attendance at 908-737-3312 for a time audit of paid time available to you during your leave.*

***If your leave of absence will be unpaid, either in part or in its entirety, you may be eligible for NJ Temporary Disability Insurance. Applications are available online or at the Office of Human Resources.*

I acknowledge that I have been made aware of this employee's request for leave of absence. (For faculty members, the signature of the Chairperson/Executive Director, and Dean or VPAA is required.)

 Signature of Supervisor/Chairperson/Executive Director Date

 Signature of Dean or VPAA (Faculty Members Only) Date
Copy of email notice may be presented in lieu of signature