

# Iowa State University

## Request for Leave under Family and Medical Leave Act of 1993

FMLA FMLA FMLA FMLA FMLA FMLA FMLA FMLA FMLA FMLA FMLA

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

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

Department Name \_\_\_\_\_

University ID Number \_\_\_\_\_

Address during Leave \_\_\_\_\_  
\_\_\_\_\_

**Requesting Leave for\*:**

<input type="checkbox"/> Birth of Child born on _____ <input type="checkbox"/> Adoption or Foster Care of Child placed in my home on _____ If marked above, is your spouse employed by Iowa State University? (yes or no) _____
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Care of seriously ill Spouse, Child or Parent who meets definition in ISU FMLA Policy

My own serious illness as defined in the ISU Family and Medical Leave Act Policy

A qualifying exigency arising out of the fact that my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

<input type="checkbox"/> I am the spouse, child, parent, or next of kin of a covered servicemember with a serious injury or illness. If marked above, is your spouse employed by Iowa State University? (yes or no) _____
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**Leave Requested:**

From \_\_\_\_\_ To (indicate if unknown) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Human Resource Services

\_\_\_\_\_  
Date

\*The employee must provide complete and sufficient medical and military documentation in support of a request for FMLA leave. Failure to provide such documentation may result in the denial or delay of FMLA. The university may seek a second or third opinion of medical documentation, and may also request reasonable updates of supporting documentation. The employee may also be required to provide documentation of the familial relationship to support servicemember leave.

Employee should complete form and submit to Iowa State University's Human Resource Services, 3210 Beardshear Hall, Ames, Iowa 50011.