



PLEASE PRINT

Employee Name: Banner ID:
Phone Numbers(s):
YSU Department: Campus Ext.:
Email Address: Supervisor:

Check applicable employment status: Full time Part time
ACE
APAS Classified Staff (non-ACE)
FOP Professional/Administrative Staff
Faculty (non-APAS)

NOTE TO EMPLOYEE - After completing and reading this entire document, sign it and return it to the Office of Human Resources. Your request for leave must be supported by medical documentation which you have provided or will provide to HR. In order to allow you this time to focus on recovery, treatment, and or caring for your family member, our primary communication is via email. It is your responsibility to check your YSU email regularly for communications from Human Resources regarding your leave.

I am requesting leave from work at Youngstown State University for the care of:

Self - Is this a work-related accident or injury? Yes No
Birth of Child* (Due Date)
Spouse/Same-Sex Domestic Partner (with Marriage Certificate) (Name):
Child (Name) Age
Parent (Name/Relationship)
Military Service Member (Name/Relationship)

Reason for Leave Request:

*NOTE: For childbirth/adoption/foster care - Does your Spouse work for YSU? Yes No
If Yes, name of Spouse:

I am requesting leave on (Check all that apply) BEGINNING and ENDING DATES MUST BE LISTED (leave cannot be requested for more than one year)

a FULL-TIME BASIS Start Date of Leave Last Date of Leave
an INTERMITTENT schedule** Start Date of Leave Last Date of Leave

**I will take occasional or regularly scheduled time off for appointments, therapy, etc. I estimate the frequency to be hours/days per day/week/month

While on leave, you are required to monitor your available paid leave accruals and take available sick leave first, then vacation/comp time before taking any leave unpaid.



After reviewing the YSU CBA and/or University policies for my employment status, I am requesting the below leave of absence:

- | | |
|--|--|
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Personal Leave |
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Employee Medical (ACE/FOP) |
| <input type="checkbox"/> Parental Leave | <input type="checkbox"/> Family Medical (ACE) |
| <input type="checkbox"/> Childcare Leave | <input type="checkbox"/> Leave for Extended Serious Health Condition |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> or Disability (OEA) |

INSTRUCTIONS TO EMPLOYEE:

1. Notify your immediate supervisor regarding the need for a leave of absence.
2. Note the following reminders:
 - a. Leave of absence is authorized in accordance with the Federal Family & Medical Leave Act (FMLA) and the University's current paid and unpaid leave of absence policies and procedures as provided in the collective bargaining agreements (CBAs) and University policies. FML runs concurrently with approved leaves; it is NOT provided in addition to or separate from these leaves.
 - b. The Office of Human Resources (HR) requests medical certification (*Certification by Health Care Provider*) in order to determine whether your requested absence(s) is FML related. Your failure to submit the requested medical certification form within a timely manner (see below) may delay approval of your leave request.
 - c. Full-time employees are eligible for up to 12 weeks of FML per 12 month rolling period (one year from the start day of leave); part-time employees are eligible for pro-rated leave based on the average number of hours per week they worked during the prior 12 months.
 - d. Employees who have worked a minimum of 1,250 hours during the 12-month period immediately prior to the request for FML are eligible for leave.
3. Complete the form, sign, and date.
4. Submit the form to HR via email: benefits@ysu.edu or secure fax: 330.941.3716. If leave is foreseeable (i.e., planned surgery or pregnancy), the law requires a 30-day notification for leave. In case of an emergency or unforeseeable illness (i.e., car accident, heart attack) contact **HR at 330.941.2137 or 330.941.1322** as soon as possible.

EMPLOYEE ACKNOWLEDGEMENT: I have read the above information and:

1. I understand that until my absence is approved, I must follow the procedure to call my supervisor on a daily basis.
2. If my leave is due to planned medical treatments/appointments, I agree to consult with my supervisor and my (or my family member's) health care provider to schedule my planned work absences so that they do not unreasonably and unduly disrupt the operations of my work unit.
3. I understand my absence from work is not approved as FML time until it has been approved by HR.
4. I understand that YSU CBAs and University policies apply to my absence(s) and that, if I fail to give advance notice to HR of my absence in writing, my leave may not be approved.
5. I acknowledge that it is my responsibility to submit the request form for a leave of absence to HR no later than 30 days before my requested leave or as soon as I become aware of my need for leave.
6. I acknowledge that, if I am taking leave for purposes other than those set forth in my FML leave request, my absence(s) may not be approved under or protected by the Family & Medical Leave Act.

Employee Signature: _____ Date: _____

It is the employee's responsibility to ensure that this form is properly completed and returned to the Office of Human Resources prior to 30 days of the beginning date of the requested leave.