

State Employees Family Medical Leave Act (FMLA) Leave Request Form

Directions for applying for Leave under FMLA:

- Employee completes this request form
- Health Care Provider completes *Certification of Health Care Provider form WH380E (for Employee) or WH380F (for Family Member)*
- For Questions and Submission of forms:

Hospital Employees

Human Resources:
3 Technology Drive, Suite 100,
Setauket, NY 11733-9300
Tel: (631) 444-4747 Fax: (631) 444-4724

West Campus/HSC Employees

Human Resource Services:
390 Administration Bldg.,
Stony Brook, NY 11794-0751
Tel: (631) 632-6181 Fax: (631) 632-4989

LISVH Employees

Human Resources:
100 Patriot Road
Stony Brook, NY 11790
Tel:(631) 444-8617 Fax:(631) 444-8517

Part I: Leave Request Data

After HR review, you will be notified as to the status of your leave request.

Employee's Name:	Stony Brook Employee ID#
Address:	Home Telephone #:

REASON FOR REQUEST: Check one:

Birth of Child (Requires *form WH380E or WH380F*) Due Date (M/D/YYYY):

Placement for Adoption/Foster Care (Documentation required)

Serious Health Condition of Employee (Requires *form WH380E*)

<input type="checkbox"/> Care for seriously ill family member (Requires <i>form WH380F</i>) Name:	Relationship:
<input type="checkbox"/> Military Family (Exigency) Leave Name:	Relationship:
<input type="checkbox"/> Military Care Giver Leave Name:	Relationship:

Date requested Leave is to begin:	Date you expect to return to work:
<input type="checkbox"/> Are you requesting intermittent leave? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, explain schedule requested:	
<input type="checkbox"/> Are you requesting a reduced work schedule: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, explain schedule requested:	
Do you want to use accruals during the Leave: Yes <input type="checkbox"/> No <input type="checkbox"/> * Accruals must be used in order to remain in a paid leave status	
Do you want to be placed on FMLA Leave without pay for any period? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain request:	

Part II: Employee Entitlement and Responsibilities

- I understand that:**
- During my 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:
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Part III: Supervisor Information

Supervisor Name:	Department:	Supervisor Phone Number:
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