

KANSAS STATE UNIVERSITY  
FAMILY MEDICAL LEAVE ACT

(Revised 01/2007)

EMPLOYEE REQUEST FORM

Name \_\_\_\_\_ Employee ID  
Number \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Name of Department/Unit \_\_\_\_\_

Request is for:

- \_\_\_\_\_ birth, adoption, or foster place  
\_\_\_\_\_ serious health condition of employee  
\_\_\_\_\_ care for my spouse, son, daughter or parent with a serious health condition

Note: If FMLA is requested for care of your spouse, son, daughter, or parent with a serious health condition, the following information must be provided:

Name of spouse, son, daughter, or parent and explanation of relationship: \_\_\_\_\_

Briefly explain reason for leave request: \_\_\_\_\_

Date FMLA leave is to begin: \_\_\_\_\_ Duration: \_\_\_\_\_

I certify that I understand, agree to, and meet the requirements and conditions set forth in KSU's Family and Medical Leave Act policy. I authorize Kansas State University to obtain any necessary information regarding my request for Family and Medical Leave.

\_\_\_\_\_  
Employee Signature Date

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EMPLOYER RESPONSE TO EMPLOYEE REQUEST FOR FMLA LEAVE

\_\_\_\_ Approved  
Leave begins \_\_\_\_\_ Leave ends \_\_\_\_\_  
Number of workweeks used for FMLA \_\_\_\_\_  
Leave used: \_\_\_\_\_ hours sick leave  
\_\_\_\_\_ hours annual leave  
\_\_\_\_\_ hours leave without pay

\_\_\_\_ Denied - Reason for denial:

\_\_\_\_\_  
Approving Authority Date