# SALISBURY UNIVERSITY
# STATE OF MARYLAND

## REQUEST FOR FAMILY AND MEDICAL LEAVE

| EMPLOYEE INFORMATION (To be completed by the employee – Please print) | |
|---|---|
| 1. Name: | 2. Employee ID: |
| 3. Job Title: | 4. Department: |
| 5. Reason for requesting leave:<br>a. Birth of a child or placement of a child with you for adoption or foster care;<br>b. Your own serious health condition;<br>c. To care for your child, spouse, or parent with a serious health condition;<br>d. Qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is on covered active duty or call to covered active duty in support of a contingency operation;<br>e. You are the spouse, son or daughter, parent, or next of kin of a covered service member with a serious injury or illness. | |
| 6. Caring for a Family Member/Next of Kin:<br>a. If 5c, 5d, or 5e is checked, please indicate: Child Parent Spouse Next of Kin<br><br>b. Name of Family Member/Next of Kin: _____ | |
| 7. Effective Date of Leave Request: | 8. Date of anticipated return to work: |
| 9. Are you requesting leave on an intermittent or reduced work schedule? Yes* No<br>* If yes, on a separate sheet give a schedule of when you anticipate you will be unavailable for work, if known. | |

### EMPLOYEE AGREEMENT

I hereby agree that while I am on leave, I will continue to pay my share of