SUU SOUTHERN UTAH UNIVERSITY

FAMILY AND MEDICAL LEAVE AUTHORIZATION FORM – 4 to 5 days off

Employees who have worked for at least 1,250 hours during the 12-month period immediately prior to this request for FMLA leave are eligible for FMLA leave.

Name _____ T-Number _____

Department _____ Hire Date _____

TYPE OF LEAVE REQUESTED

Check one box:

- ☐ Employee Family and Medical Leave
- ☐ Extension of previously taken Employee Family and Medical Leave
  Previous days taken were _____
- ☐ Leave to care for newborn or adopted or child place (via state procedure) for foster care

The Leave will begin on _____ and end on _____

Reason for Leave (list any medical conditions, etc, relating to the absence):

_____
_____
_____
_____
_____

REASON FOR LEAVE

I request family and medical leave for the following reason (check one box):

- ☐ My personal serious health condition
- ☐ Serious health condition of my child
- ☐ Serious health condition of my parent
- ☐ Serious health condition of my spouse
- ☐ Birth of my child
- ☐ Adoption of a child by me or placement of a child with me for foster care
- ☐ Servicemember leave for a "qualifying exigency"
- ☐ Servicemember leave to care for a family member injured in the line of military duty

I understand that this time off will be recorded as FMLA time off and count towards said time off for the current year.

_____
Employee Signature

_____
Date