

Return the completed form to:

HR Service Center  
Skytop Office Building  
Syracuse, NY 13244-1200  
Phone: 315.443.4042  
Fax: 315.443.1063  
leaveadmin@syr.edu

Employee Name \_\_\_\_\_ SUID# \_\_\_\_\_

Bargaining Unit Employee?  Yes  No

The information below will enable our office to determine the type of leave for which you qualify. If it is determined you are eligible for Family/Medical Leave, you will receive further information from the Office of Human Resources outlining your rights and benefits under the Family Medical Leave Act.

Date Leave Begins \_\_\_\_\_ Date of Expected Return \_\_\_\_\_

Type of Leave (explain below):

- |  |  |
|--|--|
| <input type="checkbox"/> Medical (for your own illness/injury) | <input type="checkbox"/> Military                      |
| <input type="checkbox"/> Family (indicate relationship) _____  | <input type="checkbox"/> Public Service                |
| <input type="checkbox"/> Personal/Educational                  | <input type="checkbox"/> Administrative (faculty only) |

Provide additional information in this section that will assist Human Resources in approving and classifying your leave request. For example, if you checked "Family", indicate the reason, i.e. relative's illness, childcare, etc. *The box will expand automatically.*

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

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director Approval \_\_\_\_\_ Date \_\_\_\_\_

HR Approval \_\_\_\_\_ Date \_\_\_\_\_

Notes: