

## Request for Sick, Parental or Family Care (SPF) Absence for AFSCME & PSSU Employees

Family and Medical Leave Act

EMPLOYEE INFORMATION:	
Employee	Employee Number
Agency PA State System of Higher Education – Edinboro University	Work Location
Supervisor Name	Timekeeper Name (optional)

I am requesting SPF Absence in accordance with the Family and Medical Leave Act of 1993. I understand that I will need to provide a completed Serious Health Condition Certification form within 15 days to support a request for medical reasons or proof of the child's birth, adoption or foster care placement for parental reasons. Upon receipt of a complete Serious Health Condition Certification form, ordinarily the absence will be approved in writing within two business days. I understand that SPF Absence cannot be requested for approved work-related injuries.

REQUEST INFORMATION:								
1. This request is for absence due to the following SPF event:								
<input type="checkbox"/> My Own Serious Health Condition <input type="checkbox"/> The Serious Health Condition of a Qualifying Family Member								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Family Member</th> <th style="width: 30%;">Relationship</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Family Member	Relationship	Age				<input type="checkbox"/> Parental (absence for childrearing as a result of childbirth, adoption, or foster care placement)	
Name of Family Member	Relationship	Age						

2. Is this your first request for this SPF event?     Yes     No

3. I anticipate being absent from work during the following time period due to this SPF event:

**Full-Time Absence**

From Date	To Date

TO

**OR**

**Intermittent or Reduced-Time Absence\***

From Date	To Date

TO

3a. For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode?

\*For parental events, approval will be consistent with operational requirements; please discuss the work times with your supervisor.

4. I am electing to use the following absence types, if they are available (check all that apply). If requested, paid absences must be used before using unpaid leave for each absence.

- Accrued Sick (Mandatory when used for reasons that sick leave is ordinarily used)
- Accrued Annual (optional)
- Accrued Personal (optional)
- Accrued Holiday (optional)
- Anticipated Sick (optional)
- Anticipated Annual (optional)
- Anticipated Personal (optional)

After using accrued sick and other paid leave for each absence, I am electing to use:     Unpaid SPF Absence

Comments:

SIGNATURE:	
Signature	Date of Request

**Please return this form** to either your supervisor (who will provide it to Human Resources) or return it directly by mail or fax to:  
Edinboro University of PA, Human Resource Office, 219 Meadville Street – Reeder Hall, Edinboro , PA 16444  
Telephone: (814) 732-2703 or Fax: (814) 732-2885