

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: <ul style="list-style-type: none"> <li>a. Birth of a child or placement of a child with you for adoption or foster care;</li> <li>b. Your own serious health condition;</li> <li>c. To care for your child, spouse, or parent with a serious health condition;</li> <li>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;</li> <li>e. You are the spouse, son or daughter, parent, or next of kin of a covered service member with a serious injury or illness.</li> </ul>	
6. Caring for a Family Member/Next of Kin: <ul style="list-style-type: none"> <li>a. If 5c, 5d, or 5e is checked please indicate:      Child      Parent      Spouse      Next of Kin</li> <li>b. Name of Family Member/Next of Kin: _____</li> </ul>	
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 <small>* If yes, on a separate sheet give a schedule of when you anticipate you will be unavailable for work, if known.</small>	

EMPLOYEE AGREEMENT

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