

**CORNELL COLLEGE
FAMILY AND MEDICAL LEAVE REQUEST FORM**

I have read the Cornell College Family and Medical Leave Policy and Procedures and apply for leave under the terms of that policy.

Name: _____
Address: _____
Home Phone: _____
Campus Ext: _____
Department: _____
Supervisor: _____

TYPE OF LEAVE REQUESTED:

- Employee Medical Leave of Absence**
Your own serious health condition that renders you unable to perform your essential job functions.
- Extension of Employee Medical Leave of Absence**

- Family Medical Leave of Absence**
To care for a spouse, domestic partner, child, or parent of the employee if that individual has a serious health condition.
- Extension of Family Medical Leave of Absence**
(Check one)
 - Serious health condition of my child
 - Serious health condition of my parent
 - Serious health condition of my spouse/domestic partner
 - Serious health condition of myself

- The birth, adoption, foster care placement, or first-year care of a child**
(Check one)
 - Birth of my child
 - Adoption of a child by me
 - Placement (by state) of a child with me for foster care

- Service Member Leave**
- Extension of Service Member Leave**
(Check one)
 - Exigency Leave
 - Care for a service member's injury or illness

I expect that my leave will begin on _____ and continue through _____.

If you are requesting approval of an intermittent or reduced schedule leave attach a detailed explanation of the adjustment to your work schedule you are requesting and indicate if a medical necessity is involved.

Employee Signature: _____ Date: _____