You have a right under the Family Medical Leave Act (FMLA) or 1993 to receive up to 12 weeks of unpaid leave in a designated 12 month period for the reasons listed below. To initiate a request for FMLA, complete this form and return it to the Department of Human Resources by email at benefits@radford.edu or campus mail to PO Box 6889 within 30 days of your need for leave. The purpose of this form is to gather information about your request and determine eligibility for FMLA.

I - Employee Information						
Name (Last, First MI):		Radford ID Number:				
Home Address:	Street	City	State	Zip Code		
Work Email:	@radford.edu	We	ork Phone:			
Personal Email:		Personal Phone:				
II - Position Information						
Job Title:		Department				
Employment Type: AP Facu	-	TR Faculty Il Job Functions	Adjunct	Wage		

Supervisor Name:					Supervisor Phone:		
Has your supervisor been notified of your need for FMLA?			Yes	No			
III - Leave	e Information						
Leave Category:		Paid Parental Leave					
Reason F	For Leave:						
	A serious healt	h condition af	ecting your	spouse,	child, or	Sarent for w	which you are needed to provide care
	You are the	spouse,	child	parent, or	next of kin c	of a covered ser	vice member with a serious injury or

If your leave begin and your ord daneg/ youtun yo IfD(F)3 a8 ()-5.3 a831- ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (o)-1.8n(e)+rtituzwellean I rd drdl you(:)-i [(l)-14m4 (t)-1m4 (t)-1ed(yo)-1i [(l)-a8 ()-5.39.28 14 (t)-14m4 (t)

illness for which you are needed to provide care.