

**FAMILY CARE AND MEDICAL LEAVE  
EMPLOYEE APPLICATION**

**Instructions:**

- Complete “Employee Information” section of the application and submit to Human Resources, Administration Building (01), Room 110, Attention: Shelly Giesmann
- **Deliver the Certification of Health Care Provider Form to the treating physician who will then complete the form and return it directly to Human Resources. Reference the provided job description with discussing potential work restrictions or evaluating your ability to perform your customary job responsibilities.**

<b>EMPLOYEE INFORMATION</b>	
<b>Employee Name:</b>	<b>Employee ID Number (not SSN):</b>
<b>Department:</b>	<b>Campus Extension:</b>
<b>Current Mailing Address:</b>	<b>Telephone Number:</b>
<b>Reason for Leave</b> (see CSU FML Flyer for eligibility and definitions): <input type="checkbox"/> To care for newborn <input type="checkbox"/> To care for newly adopted child or newly placed foster child <input type="checkbox"/> To care for child, spouse, domestic partner, or parent <input type="checkbox"/> Employee’s serious health condition <input type="checkbox"/> Qualifying Military Exigency Leave <input type="checkbox"/> Service Member Care Leave	<b>Dates for which employee is requesting leave:</b>  <b>Effective:</b> _____  <b>Through:</b> _____
<b>Employee Signature:</b>	<b>Date:</b>
<b>HUMAN RESOURCES</b>	
<b>Eligibility:</b> All full-time and part-time employees employed for at least one academic year or 12 months (not necessarily continuously) preceding the request for FML are eligible.  Student employees employed at least one year (not necessarily continuously) and who worked at least 1,250 hours in the 12 months preceding the leave are eligible.  <b>Is employee eligible for FML?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Has employee used FML leave within the past 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes, remaining weeks of entitlement for FML:</b>
<b>The following has been provided to the employee:</b> <input checked="" type="checkbox"/> U.S. Dept of Labor Employee Rights and Responsibilities <input checked="" type="checkbox"/> Cal Poly Family and Medical Leave (FML) Policy flyer <input checked="" type="checkbox"/> Designation Notice determining eligibility	<b>Date information was provided to the employee:</b>  <hr/> <b>Method of Presentation within 5 business days:</b> <input type="checkbox"/> In person <input type="checkbox"/> US Mail <input type="checkbox"/> Campus email
<b>Disability Programs Coordinator:</b>	<b>Date:</b>