

Application for Family and Medical Leave

Section 1: Employee Information

Name: _____ Tech ID: _____
First MI Last

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____
First Last

Last Day Worked: _____ Period of Absence Requested: _____
From: Through:

Where I can be reached during leave:

Address: _____ Telephone: _____
Street or P.O. Box City Zip

Section 2: Circumstance Supporting Request for Leave

Family Leave (Please check one):

- Birth of my child on: Date _____ To care for my child on: Date _____
- The placement of a child with me for adoption or foster care

*For birth of a child: Attach appropriate Medical documentation

*For placement of a child with adoption or foster care: Attach Adoption/Foster Care Placement Certification

Medical Leave (Please check one):

- To care for my spouse/child/parent

 Spouse/Child/Parent Name
- My own serious health condition that does not permit the performance of duties assigned in my job at Texas Tech

*Attach Health Care Provider Certification Form

Servicemember Leave (Please check one):

- Exigency Leave for servicemember

 Name/Relationship to employee
- To care for injured or ill servicemember

 Name/Relationship to employee

*Attach supporting documentation

If married (Please check one):

- My spouse **IS** employed by the state of Texas.
- My spouse **IS NOT** employed by the state of Texas.

Section 3: Certification NOTE: Appropriate forms or supporting documentation must be submitted in order to be considered for approval.

- I certify that I intend to return to the position listed above at the end of this leave.

Signature of Applicant: _____ Date: _____

Please return the completed form to Texas Tech University Human Resources:

Mail: Human Resources PO Box 41093 Lubbock, TX 79409

Fax: 806-742-3666

E-mail: hr.talent.management@ttu.edu