

# Application for Intermittent Leave Under the FMLA for Birth or Placement of a Child

## Section 1: Employee Information

Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_  
First MI Last

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
First Last

Period of Intermittent Absence Requested: From: \_\_\_\_\_ Through: \_\_\_\_\_

Please indicate requested intermittent work schedule:

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
AM														
PM														

## 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 born on: \_\_\_\_\_ Date: \_\_\_\_\_
- The placement of a child with me for adoption or foster care

If married (Please check one):

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

\*An employee's eligibility for intermittent leave for the birth of a child or for placement for adoption or foster care ends one year after birth or placement of the child.

## 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 full time to the position listed above at the end of this leave.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ 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](mailto:hr.talent.management@ttu.edu)