

**UNIVERSITY OF HAWAI'I
EMPLOYEE REQUEST FOR FAMILY LEAVE**

(Complete to request family leave and
submit to supervisor or HR unit)

I. Identifying information – Please complete.

UH Id #: _____

Employee First and Last Name: _____

Official Position Title: _____ BU: _____

Campus/School/Program: _____

II. Reason for request:

Indicate the reason for the family leave which meets the eligibility requirement:

- Birth of an employee's child and to care for the newborn
- Placement of a child with the employee for adoption
- Placement of a child with the employee for foster care
- Care for a family member with serious health condition (indicate relationship in section IV)
- My own serious health condition
- Military Family Leave – Qualifying Exigency (indicate relationship in section IV)
- Military Family Leave – To care for a Covered Servicemember with a serious injury or illness (indicate relationship in section IV)

III. Duration of requested leave (dates):

Start date: _____ End date: _____

I will need intermittent leave as indicated by my physician.

IV. For care of family member with serious health condition, or qualifying exigency, or covered servicemember with serious injury or illness, please indicate relationship to the family member or covered servicemember with serious injury or illness or qualifying exigency.

	Spouse		Reciprocal Beneficiary		Adoptive Parent
	Biological Parent		Parent-in-Law		Foster Parent
	Grandparent		Grandparent-in-Law		Stepparent
	Biological Child		Adopted Child		Legal Guardian
	Stepchild		Foster Child		Legal Ward
	Sibling		Grandchild		Other: _____

V. Certification

I certify that the above information is true and accurate.

Employee Signature

Date