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**REQUEST FOR MEDICAL LEAVE OF ABSENCE**

*Return request form to the Chief Human Resources Officer with all supporting documentation. A completed Certification of Health Care Provider for Employee’s/Family Serious Health Condition Form must also be submitted to the Human Resources Office. All forms can be obtained through the Human Resources Office, B&O Building, Office 125, 1704 Market Street Wheeling, WV, 26003.*

**Name:** **Title:**

**Department:**

**Campus:** [ ]  Wheeling [ ]  New Martinsville [ ]  Weirton

I hereby request a medical leave of absence as follows:

**Beginning Date:**  **Ending Date:**

(*Must be the same as the Certification of Health Care Provider for Employee’s/Family Serious Health Condition Form)*

**Purpose of Leave:**

[ ]  Birth of child and to care for new-born child

[ ]  Placement of child for adoption or foster care, and to care for adopted child or child in foster care

[ ]  The care of a spouse, child, or parent with a serious health condition

 Relationship:

[ ]  Employee’s serious health condition which makes employee unable to perform the functions of

 employee’s job

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Employee’s Signature Date

**I certify that all information above is true and accurate. I understand that it is my responsibility to obtain all necessary supporting documentation. I understand that all information submitted will be reviewed and that I will be notified of the decision.**