



## 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

\_\_\_\_\_  
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.**