Southern University System

SUBR	SUS	SULC	SUNO	SUSLA	SUAREC	
	<u>A</u>	pplication fo	or Family or	Medical Lea	<u>ave</u>	
Name:				_ Dat	e:	
Current Addr	ess:					
Start Date of	Anticipated L	eave:				
Expected Dat	te of Return to	Work:				
NOTE:	an employe	A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a completed Certification of Health Care Provider form.				
	leave. All	ONLY the Office of Human Resources can verify or confirm the validity of a request for medica leave. All department heads, supervisors and anyone privy to an employee's health information must maintain strict confidentiality of the health information.				
	resignation	I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Southern University.				
		I further understand that falsification of medical documentation will result in termination of employment.				
EMPLOYE! SIGNATUR				DA	TE:	
		A	APPROVED B	Y:		
Supervisor/ Department Head				Date		
Director of Human Resources				 Date		