

Harvard T.H. Chan School of Public Health
Office of Faculty Affairs

REQUEST FOR FAMILY AND MEDICAL LEAVE FORM

For Research Scientists, Research Associates, Instructors, and Visiting Scientists

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____

Harvard I.D. #: _____ Email address: _____

Address _____

City _____ State _____ Zip Code _____

Home telephone: _____

REQUEST FOR FAMILY OR MEDICAL LEAVE

I am requesting leave from to on or about

Reason for leave:

The birth of my child, or placement of a child with me for adoption or foster care*

***Please Note:** If this leave is in conjunction with a parental leave, please submit this form with the **Parental Leave Form**.

A serious health condition that makes me unable to perform the essential functions of my job

The serious health condition of my spouse or qualified domestic partner for whom I am needed to provide care

The serious health condition of my child for whom I am needed to provide care

The serious health condition of my parent for whom I am needed to provide care

SIGNATURES

Appointee Date

Department Administrator Date

Faculty Affairs Date