

CHARLESTON SOUTHERN UNIVERSITY

REQUEST FOR FMLA

I. Request for Family Medical Leave

New Claim Claim already submitted

1. EMPLOYEE'S NAME

2. ADDRESS

3. Phone number

4. Social Security No.

5. Nature of request for FMLA and starting date of FMLA

6. I AUTHORIZE any physician, medical practitioner, hospital, pharmacy, other medical or medically related facility having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any other non-medical information of me to give to *Charleston Southern University*, its legal representative or agency employed by the Company, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by *Charleston Southern University* to determine eligibility for FMLA. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of the Authorization shall be as valid as the original. I AGREE this Authorization shall be valid for the duration of this claim. I certify to the correctness of these statements and agree to notify *Charleston Southern University* immediately if and when I return to work.

Signature of employee or patient if different from person requesting FMLA

Date

NOTICE

Any person, who knowingly and with intent makes false statements regarding this request for FMLA, may be subject to criminal prosecution and civil penalties and possible dismissal.

II. ATTENDING PHYSICIAN'S STATEMENT

Note to physician: Authorization to release information, signed by the above.

1. Patient's name (If different from person requesting FMLA)

2. Diagnoses:

3. Date condition commenced

Date	Physician's name (please print)	Signature	Degree	Phone no.
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Street Address	City or Town	State	Zip
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PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management to approve and record your use of leave. A request for FMLA (Family Medical Leave Act) is not a guarantee of said leave, this information will be overseen by the Vice President for Business Affairs and if any additional information is required, you will be notified by certified mail of said required information

Employer: **CHARLESTON SOUTHERN UNIVERSITY**

REQUEST APPROVED _____ DISAPPROVED _____

Date put in employee's file: _____