



FMLA – Request for Information and Notice of Need for Leave Form

Employee Name: _____ Date: _____

Purpose of FMLA:

- Your own serious health condition
- To care for your child
- To care for your spouse
- To care for your parent
- Birth or adoption of a child

What type of leave is needed?

- Intermittent
- Continuous

When do you anticipate FMLA to start? _____

Employee Phone Number _____

Employee Email _____

How would you like the information to be sent to you?

- Email
- Mailed to home address

If you selected mailed above, please provide the best address below (this will not update your address on record with Human Resources):

Who will be completing your time record(s) while you are out?

Return completed form to timerecords@albany.edu, University Administration Building (UAB) Room 300, or fax to (518) 437-4731.