

NATIONAL RADIO ASTRONOMY OBSERVATORY  
Associated Universities, Inc.

**REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

**GENERAL INFORMATION**

EMPLOYEE NAME: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

BEGINNING DATE OF LEAVE: \_\_\_\_\_

EXPECTED DATE OF RETURN: \_\_\_\_\_

**REASON FOR REQUEST**

- Birth or adoption of child.
- Care for spouse, child or parent with serious health condition.
- Unable to perform job functions because of serious health condition.

Please give specific details of your reason for requesting leave, if other than birth or adoption of a child:

**If you are requesting leave for any reason other than the birth or adoption of a child, attach a doctor's certification form to this request.**

I certify that the information given on this form is true. I understand that making false statements on this form is grounds for discipline up to and including termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
RAO#

\_\_\_\_\_  
Date