

**APPLICATION FOR LEAVE FOR
FEDERAL FAMILY and MEDICAL LEAVE, STATE PARENTAL
LEAVE, and/or MEDICAL LEAVE OF ABSENCE WITHOUT PAY**
(Note: FMLA can be paid or unpaid; Parental Leave and Medical Leave of Absence are unpaid)

EMPLOYEE NAME:	WORK AND HOME TELEPHONE NUMBERS:
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EMPLOYEE ADDRESS (Street Address, City, State, and Zip Code)

WORK UNIT/SECTION:	DIVISION:
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I AM MAKING APPLICATION FOR PARENTAL, FAMILY, and/or MEDICAL LEAVE WITHOUT PAY FOR THE FOLLOWING REASON:	
<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Illness of Family Member - Specify Member: _____
<input type="checkbox"/> Birth of a Child	<input type="checkbox"/> Adoption/Foster Child Placement
<input type="checkbox"/> Military Caregiver	<input type="checkbox"/> Qualifying Exigency Military

PERIOD OF LEAVE:	TO BE TAKEN:
FROM Date: _____ A.M. P.M.	<input type="checkbox"/> Continuously
TO Date: _____ A.M. P.M.	<input type="checkbox"/> Intermittently*

I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS:
_____ Hours Paid (annual) _____ Hours Paid (sick) _____ Hours Unpaid
<i>Appropriate, available paid sick and annual leave must be used to cover leave taken for FMLA qualifying events.</i>

EMPLOYEE SIGNATURE:	APPLICATION DATE:
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<input type="checkbox"/> Approved IMMEDIATE SUPERVISOR SIGNATURE:	<input type="checkbox"/> Approved AGENCY-AUTHORIZED SIGNATURE:
<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved
DATE:	DATE:

* IF INTERMITTENT LEAVE IS BEING REQUESTED, PLEASE SPECIFY DATES AND TIMES:

NOTE: In addition to the leave available under the federal Family and Medical Leave (FMLA) and State Parental Leave Acts, the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, also provides for leave, both paid and unpaid, if an employee meets eligibility requirements and requests the leave for a qualifying event. If the leave qualifies under both the federal and State law, and/or the *Administrative Rule*, the leave entitlement under each will exhaust concurrently. A completed and current DOP-L3, DOP-L5, DOP-L6, DOP-L7, or DOP-L8 certification, as applicable, must be included with this application or be on file. Form DOP-L7 or DOP-L8, as applicable, is required when requesting Military FMLA leave.