

1994 Federal Employees Family Friendly Leave Act



Employees may be granted sick leave to provide care for a family member as a result of physical or mental illness; injury; pregnancy or childbirth; or to accompany a family member to a medical, dental, or optical examination or treatment. Employees may also be granted sick leave to make arrangements necessitated by the death of a family member or to attend the funeral of a family member.

♥ A family member is defined as follows:

- * Spouse or parents of spouse
- * Children, including adopted children and children's spouses
- * Brothers and sisters, and spouses of siblings
- * Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship

♥ Employees who request more than 40 hours of sick leave for family care or bereavement purposes must maintain a minimum sick leave balance of 80 hours.

♥ The total hours of sick leave requested for family care or bereavement purposes may not exceed 104 hours, or in the case of a part-time employee, the number of sick leave hours accrued in the leave year.

♥ Requests for family care leave in excess of three work days **must be submitted with an original doctor's certificate.**

♥ Leave requests for family care for the purpose of receiving medical, dental, or optical examination or treatment, shall be submitted and approved by the supervisor in **advance.**

Sick Leave Request for Family Care and Bereavement Purposes

Name: Last, First Middle Initial	SSN:	Pay Plan, Grade & Title	Office Symbol
Date Leave Begins	Time	Total Hours Requested	
Date Leave Ends	Time	Current Sick Leave Balance	

Reason for Leave Request

___ Provide care for a family member as a result of physical or mental illness; injury; pregnancy or childbirth. (Medical Practitioner Certification required for requests that exceed three days.)

___ To accompany a family member to a medical, dental, or optical examination or treatment. (Family Care for medical, dental optical examination or treatment must be request and approved in advance.)

___ Make arrangement necessitated by the death of a family member or attend the funeral of a family member.

I understand that under the provisions of the 1994 Federal Employees Family Friendly Leave Act, I may request up to 104 hours of sick leave for family care or bereavement purposes, or if I am a part-time employee, the number of sick leave hours I will accrue in the current leave year. An original doctor's certificate is submitted for family care leave request in excess of three work days. To be eligible to use sick leave for family care or bereavement purposes, I agree to maintain a minimum sick leave balance of 80 hours; if I request more than 40 hours of sick leave for family care or bereavement.

Employee's Signature Date

Leave is approved/disapproved in the amount of _____ hours.

Print or type Supervisor's name Supervisor's Signature Date

Leave is approved/disapproved in the amount of _____ hours.

Print or type Dean or Director's Name Dean or Director's Signature Date

**Forward to Customer Service Representative
ATZP-CPAC**