

FMLA/Parental Leave Electronic Request & Notice Form

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Purpose

This is a detailed guide on how to complete the [FMLA/Parental Leave Electronic Request & Notice Form](#). FMLA requests may be submitted by the employee or initiated by the supervisor or department representative.

Audience

All employees (AEX, A&P, USPS, OPS)

Prerequisites

You must have an active appointment in the HR system.

Procedure-Employee Information

1. Sign in with your FSUID and password. The form will automatically populate with the individual who signed in with their FSUID. If you are a supervisor or department representative initiating FMLA or completing the form on behalf of the employee, click the X on the "Requested for" row and type in the appropriate name or employee ID.

FSU OFFICE OF HUMAN RESOURCES		FMLA/PARENTAL LEAVE REQUEST AND NOTICE FORM		Office of Human Resources A6200 University Center Tallahassee, FL 32306 Phone: 850-644-5051 Fax: 850-645-9510 Email: fmla@fsu.edu
Requestor Information Requested for: 123456789 2 John Smith X v Department: 011000 / Enterprise Resource Planning Job Title: ERP Analyst I View Guidelines		Time off work that is expected (Select the most appropriate box below) ☐ Continuous Leave - (Several continuous days, weeks, or months off work) ☐ Intermittent Leave - (Periodic time off that is not usually expected to be the same days or time off from week to week. Examples may be time off for flare-ups of a medical condition and/or ongoing medical treatment/appointments) ☐ Reduced work schedule - (Change in work schedule needed - fewer hours per day or hours per week) ☐ If multiple leave frequencies are required for the leave request, please note the leave type (Continuous/Intermittent/Reduced Schedule) and the requested dates for each type in the 'Add Comments' section.		
The reason for this FMLA and/or Unpaid Parental leave request (Select the most appropriate box below) ☐ Birth of child and care for the newborn child ☐ Placement of a child with you for adoption or foster care ☐ Your serious health condition ☐ To care for your family member with a serious health condition ☐ A qualifying exigency arising when your family member is on covered active duty or has been notified of an impending call or order to cover active-duty status ☐ To care for your family member who is a covered service member with serious injury or illness		Requested Leave Dates: Start Date: <M/d/yyyy> dd mm yy End Date: <M/d/yyyy> dd mm yy		
		Pay Status During Leave For approved FMLA absences, FSU requires earned leave to be utilized in accordance with FSU policy and all leave balances should be exhausted before Leave without Pay. For illness/injury of yourself or an immediate family member, sick leave balances should be exhausted first followed by compensatory leave and annual. Exceptions to supplement Leave without Pay or work, provided the healthcare provider supports it, may be requested below but are subject to approval. ☒ Earned Leave (Sick, Annual, Comp Time, Paid Parental Leave) ☐ Leave without pay ☐ Leave of 0 hours each pay period and leave without pay of 0 hours each pay period ☐ Working rate of 0 hours each pay period and leave of 0 hours each pay period		
Additional information about employee FMLA rights and responsibilities will be provided in writing within five business days after receipt of this notice (unless already provided). Please contact Human Resources with any questions.				
Close		Add Attachments Add Comments Submit		

2. Enter information for the FMLA request:
 - a. Reason
 - b. Anticipated Time Off - If there will be multiple leave frequencies, please select the most appropriate and add any additional details under comments.
 - c. Requested Leave Dates - If the requested leave dates are unknown, provide an estimated start and end date.
 - d. FSU requires earned leave to be utilized and exhausted in accordance with FSU policy. Any request for periodic use of paid leave should be outlined and requires supervisor approval.
3. Comments or Attachments may be added to an FMLA Leave Request but are not required.

- Once all information is completed and any applicable attachments or comments have been made, you may submit the FMLA request.

FSU | OFFICE OF HUMAN RESOURCES **FMLA/PARENTAL LEAVE REQUEST AND NOTICE FORM**

Office of Human Resources
40200 University Center
Tallahassee, FL 32306
Phone: 904-644-6261
Fax: 904-645-9510
Email: fmla@fsu.edu

Requestor Information

Requested for: 123456789 2 John Smith
Department: 011000 / Enterprise Resource Planning
Job Title: ERP Analyst I
[View Guidelines](#)

The reason for this FMLA and/or Unpaid Parental leave request
(Select the most appropriate box below)

☐ Birth of child and care for the newborn child
☐ Placement of a child with you for adoption or foster care
☐ Your serious health condition
☒ To care for your family member with a serious health condition

☒ Spouse
☐ Parent with a serious health condition
☐ Child under the age of 18 years old
☐ Child over 18 years old and incapable of self-care due to mental or physical disability

A qualifying exigency arising when your family member is on covered active duty or has been notified of an impending call or order to cover active-duty status
☐ To care for your family member who is a covered service member with serious injury or illness

Time off work that is expected
(Select the most appropriate box below)

☒ Continuous Leave - (Several continuous days, weeks, or months off work)
☐ Intermittent Leave - (Periodic time off that is not usually expected to be the same days or time off from week to week. Examples may be time off for flare-ups of a medical condition and/or ongoing medical treatment/appointments)
☐ Reduced work schedule - (Change in work schedule needed - fewer hours per day or hours per week)

If multiple leave frequencies are required for the leave request, please note the leave type (Continuous/Intermittent/Reduced Schedule) and the requested dates for each type in the 'Add Comments' section.

Requested Leave Dates:
Start Date: 6/2/2025 End Date: 6/6/2025

Pay Status During Leave

For approved FMLA absences, FSU requires earned leave to be utilized in accordance with FSU policy and all leave balances should be exhausted before Leave without Pay. For illness/injury of yourself or an immediate family member, sick leave balances should be exhausted first followed by compensatory leave and annual. Exceptions to supplement Leave without Pay or work, provided the healthcare provider supports it, may be requested below but are subject to approval.

☒ Earned Leave (Sick, Annual, Comp Time, Paid Parental Leave) ☐ Leave without pay
☐ Leave of 0 hours each pay period and leave without pay of 0 hours each pay period
☐ Working rate of 0 hours each pay period and leave of 0 hours each pay period

Additional information about employee FMLA rights and responsibilities will be provided in writing within five business days after receipt of this notice (unless already provided). Please contact Human Resources with any questions.

[Close](#) [Add Attachments](#) [Add Comments](#) [Submit](#)

Request FMLA-00000063 has been successfully submitted

You may now close this browser tab

Procedure- Manager's Acknowledgement

- Supervisors will receive an email notification from fmla@fsu.edu to acknowledge an employee's FMLA request. Reminder email notifications will be sent for outstanding requests to ensure they are completed within federal guidelines.
- To access the manager's acknowledgment section, click the link in the notification email. Sign in with your FSUID and password. The screen will show the employee's request details as shown below.

FMLA Request Notice Form

FMLA Request Details

Requested by: John Smith (Emplid: 123456789) on 6/2/2025.
 Supervisor: Henry Cole (Emplid: 987654321)
 Reason for FMLA/Parental Leave request: Family Care
 Time off work expectancy: Continuous. Requested leave dates: 6/2/2025 thru 6/6/2025
 Requested Pay Status: Earned Leave

Comments

Supervisor Approval Responses

Pay Status During Leave ☒ Employee must use all earned leave before leave without pay (per FSU policy)
☐ Employee requested pay status will be honored

Periodic Communication The employee must contact their supervisor every day(s) of the status and intent to return to work. (Employees are required to follow all call-in procedures)

Please note: Human Resources will furnish you and the employee with a Notice of Eligibility, Rights & Responsibilities, and the Health Care Provider Certification form (for eligible employees). Please ensure this is delivered to the employee withing 24 hours of receipt.

Acknowledge

3. Supervisor Response

- a. Pay status during leave.
 - b. Periodic Communication – For intermittent leave requests, it is recommended that employees contact you every 1 day.
 - c. Comments are optional and can be added.
4. Once all information is completed and any applicable comments have been made, you may acknowledge the FMLA request.

FMLA Request Notice Form

FMLA Request Details

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Comments

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Pay Status During Leave ☒ Employee must use all earned leave before leave without pay (per FSU policy)
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Please note: Human Resources will furnish you and the employee with a Notice of Eligibility, Rights & Responsibilities, and the Health Care Provider Certification form (for eligible employees). Please ensure this is delivered to the employee withing 24 hours of receipt.

Acknowledge

Task Manager Acknowledgement successfully
submitted

After the supervisor's acknowledgement, the request will be sent to HR for processing. HR will review the completed FMLA request eFORM and follow up with the employee and supervisor with the Notice of Eligibility and Rights & Responsibilities within 5 business days.

Support

For questions or assistance, email [FSU Human Resources-FMLA](#).

Document Information

Job Aid Owner: Attendance & Leave

Last Updated: August 13, 2026

Related Policy or Procedure: [4-OP-C-7-E1.7 FAMILY AND MEDICAL LEAVE](#)