Faculty Medical Leave Request Form

**General Information**
This form must be completed by the faculty member, in advance, to request family medical leave time away from work. For detailed information, please see the *Leaves of Absence* section of the [Faculty Handbook](#).

**Employee Information**
Last Name | First Name
---|---

Job Title | Department Name | Total Percent Full-time | Phone No.
---|---|---|---

Date of Request | Beginning Date | Expected End Date | Expected Return Date | Employee ID #
---|---|---|---|---

**Family and Medical Leave**
Reason for requesting a Family & Medical Leave (check one):

- [ ] Medical – self
- [ ] Medical – family
- [ ] Childbirth
- [ ] Adoption
- [ ] Childrearing

Important! Submit this approved form with the [Certification of Health](#) to the Office of the Provost. Childbearing/childrearing leave requests do not require the Certification of Health.

Route this form and other documentation to:

Office of Faculty Records
facultyrecords@northwestern.edu
Office of the Provost, 633 Clark Street, Evanston, IL 60208

**Office of the Provost Use Only**

- [ ] Received ________
- [ ] Acknowledgement sent to Faculty Member ________
- [ ] Notification sent to school dean’s office ________
- [ ] Additional documentation required. Received on ________
- [ ] Assurance of fitness for duty required. Received on ________
- [ ] Contacted Faculty Member upon return ________

Additional Notes:

<table>
<thead>
<tr>
<th>School Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provost Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>