



Provide the below information when requesting FMLA/SPF forms be sent to an employee. Send to the OA-HR Service Center, Absence Services at [ra-spfabsence@pa.gov](mailto:ra-spfabsence@pa.gov).

<b>Date Requested</b>	
<b>Agency</b>	
<b>District, Facility, Office, etc.</b> (org # if known)	
<b>Employee Name</b>	
<b>Employee Number</b>	
<b>Self, Family Member or Parental</b> (For family member, provide the relationship; if the child is 18 or over, provide the age. Indicate parental for the birth/adoption/foster care placement of a child)	
<b>Type of Absence</b> (select from the drop-down)	
<b>If Parental</b> – Does the Employee want Paid Parental (YPAR) leave	
<b>If Parental</b> – Amount of time requested or exact dates requested off, if known	
<b>First Date of Absence</b> (required)	
<b>Is this condition the result of a work-related injury?</b> (Select yes or no)	
<b>Additional Information</b>	
<b>Who is requesting FMLA?</b> (select from the drop-down. Only select "employee" if the employee specifically requested FMLA forms.)	