



---

**Family and Medical Leave Act (FMLA) Request Form**

---

*To be completed by employee and/or supervisor, and submitted to the Office of Human Resources*

Employee \_\_\_\_\_ Class Title \_\_\_\_\_

Department \_\_\_\_\_ PCN \_\_\_\_\_ Date of Hire \_\_\_\_\_

Supervisor \_\_\_\_\_ Date notified by employee \_\_\_\_\_

**REASON FOR LEAVE**

- \_\_\_\_\_ Adoption of child
- \_\_\_\_\_ Placement of foster child
- \_\_\_\_\_ Birth of child
- \_\_\_\_\_ Serious health condition of employee
- \_\_\_\_\_ Serious health condition of employees spouse, child or parent
- \_\_\_\_\_ Qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ You are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

**TYPE OF LEAVE REQUESTED:** \_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_ Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA?  
\_\_\_\_\_ Yes \_\_\_\_\_ No      If so, which do you wish to use? Sick [ ] Vacation [ ]

Explanation of length and type of leave requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date leave to start: \_\_\_\_\_ Date of anticipated return to work: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee or Representative*      *Date*

\_\_\_\_\_  
*Supervisor's Signature*      *Date*

Received by: \_\_\_\_\_  
*Signature of HR Representative*

\_\_\_\_\_  
*Date*