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 ___________