
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: _____ Title: _____ Date of Hire: _____

Department: _____ Supervisor: _____ Notification Date: _____

REASON FOR LEAVE

- Adoption of child
- Placement of foster child
- Birth of child
- Serious health condition of employee
- Serious health condition of employee's 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 (check all that apply)

Continuous Intermittent Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation leave while on FMLA? Yes No If yes, which do you wish to use? Sick Vacation

***FOR PARENTAL LEAVE ONLY:** In addition to sick and/or vacation leave, do you wish to utilize up to eight weeks of paid parental leave provided by Idaho's [Paid Parental Leave Policy](#)?
Yes No – see policy for eligibility criteria; HR will provide more detail in FMLA notices.

Explanation of length and type of leave requested:

Date leave to start: _____ Anticipated return to work: _____
Employee signature: _____ Supervisor signature: _____
HR Signature: _____ Date received by HR: _____

Note: Upon receipt of this form and medical certification, HR will send FMLA notices with additional detail and instructions as appropriate to the request for leave, to the employee and supervisor.