FMLA EMPLOYEE REQUEST FORM

To request leave on the basis of the Family and Medical Leave Act (FMLA), please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name: _____ Today's Date: _____

Requested Leave Start Date: _____ Estimated End Date: _____

I am requesting FMLA leave for the following reason:

_____ Birth of a son or daughter and to care for the newborn child

_____ Placement of a son or daughter through adoption or foster care

_____ To care for my spouse, dependent child, or immediate family member with a serious health condition

_____A serious health condition that makes me unable to perform the functions of my current assignment

_____ A qualifying exigency for my spouse, son, daughter, or parent in the military on covered active duty

_____ To care for a covered service member with a serious injury or illness. (If the employee is the spouse, son, daughter, parent or next of kin of the covered service member)

Time off work is expected to be:

_____ For a continuous block of time (several continuous days, weeks or months of work)

_____ For a reduced work schedule (change in work schedule needed – fewer hours per day or fewer hours per week)

_____ On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week. (Examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment and appointments)

Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided). Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources with any quesiotns.

_____   _____
Employee Signature   Date

FOR HR USE ONLY:

Date Received: _____

Eligibility Notice Sent: _____