



Family Medical Leave Request Form

To request a leave on the basis of the Family and Medical Leave Act (FMLA), please complete the following 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: (print clearly): _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this FMLA leave request is (select the most appropriate box):

- The birth of a child, and to bond with the newborn child.
- The placement of a child with you for adoption or foster care, and to bond with the newly-placed child
- Your own serious health condition that makes you unable to perform the functions of your job.
- You are needed to care for your family member (spouse, son, daughter, or parent) due to a serious health condition.
- A qualifying exigency arising out of the fact that your family member (spouse, parent, child, next of kin) is on covered active duty or has been notified of an impending call or order to covered active duty status.
- You are needed to care for your family member (spouse, parent, child, next of kin) who is a covered service-member with a serious injury or illness.
- To care for your child when you are unable to work (or telework) due to the closing of your child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.

Time off from work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off 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 day 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/appointments).

Additional information about employee FMLA rights and responsibilities will be provided to you in writing after receipt of this notice (unless already provided).

Determination of eligibility for leave under FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny the FMLA leave request. Please contact Human Resources/Benefits with any questions.

Employees Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

For HR use ONLY:

Date Received: _____ FMLA Right & Responsibility Sent: _____ FMLA Determination Sent: _____