

Request for Family or Medical Leave

Name: _____

Job Title: _____

Department: _____

Current Address: _____

Anticipated Start
Date of Leave: _____

Expected Date of
Return to Work: _____

Date(s) you have been seen by a health care provider or have an appointment scheduled to be seen by a health care provider: _____

Reason(s) for Request for Leave (explain):

☐ the birth of your child, or the placement of a child with you for adoption or foster care; or

☐ a serious health condition that makes you unable to perform the essential functions of your job; or

☐ a serious health condition affecting your ↑spouse, ↑child, ↑parent, for which you are needed to provide care; or

☐ a qualifying exigency arising out of the fact that your ↑spouse, ↑son or daughter, ↑parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves; the qualifying exigency is one of the following:

- ☐ short-notice deployment
- ☐ ☐ military events and related activities
- ☐ ☐ childcare and school activities
- ☐ ☐ financial and legal arrangements
- ☐ ☐ counseling
- ☐ ☐ rest and recuperation
- ☐ ☐ post-deployment activities
- ☐ ☐ other (provide description) _____

☐ a serious injury or illness affecting your ↑spouse, ↑son or daughter, ↑parent, ↑next of kin, who is a covered military service member with serious injury or illness incurred in the line of duty while on active duty.

☐ Does this leave request relate to a previously-certified FMLA request for leave? If yes, please provide information regarding the previous FMLA leave, including the reason for the leave and the dates of leave.

NOTE: An employee requesting leave for any of the above medical reasons must submit a verifying certification form from a health care provider. An employee requesting leave for a qualifying exigency must also submit a verifying certification form. All certification forms are due within fifteen (15) calendar days after requesting leave and must be submitted to the Human Resources Department.

Signature

Date