



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). You can complete this form online by scanning the QR Code to the right.



Employee Name (print clearly): _____

Location: _____ Job Title: _____

Requested Leave Start Date: _____ Estimated Return to Work Date: _____

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

- Birth and care of my newborn child.
- Placement of a child with me for adoption or foster care.
- Care for my spouse, child, or parent with a serious health condition.
- A serious health condition that makes me unable to perform the functions of my job.
- A qualifying exigency arising out of the fact that my spouse, son, daughter or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).
- To care for a covered servicemember with a serious injury or illness if I am the spouse, son, daughter, parent or next of kin of the covered servicemember.

2. Time off 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 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/appointments).

3. Have you taken FMLA at any time in the past 12 months?

- Yes
- No
- Not Sure

4. Would you like to use any available sick, personal, or vacation time during your leave of absence?

- Yes
- No
- Not Sure, Please Contact Me

5. If you answered yes to question 4, how would you like to use any available time off? Select all that apply:

- Use all available paid time off
 - Sick Time
 - Personal Time
 - Vacation
 - Just enough time to cover benefit deductions (rest of time unpaid)
 - Other:
-

6. Please advise how you want time used (for example; use all personal leave first, then use 5 days of sick time):

7. Please leave your contact information below – email and/or phone number:

8. How would you like any FMLA paperwork sent to you:

- Email
 - Interoffice Mail
 - Postal Mail
 - Other:
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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 questions.

Employee Signature: _____ Date: _____

Please return to Lauri McKinnon, HR Specialist at the Education Services Center
Email: lmckinnon@c-ischools.org Phone: 763.689.6209 Fax: 763.689.6200

For HR use ONLY: Date received: _____ FMLA Eligibility Notice sent: _____
