

EMPLOYEE REQUEST FOR FAMILY OR MEDICAL LEAVE (FMLA)

TO: Human Resources

cc: Supervisor:

FROM:

DATE:

I wish to request the following days off: _____ through _____ returning to work on _____, for the reasons stated below:

REQUEST FOR LEAVE

For birth of a child, and to care for the newborn child;

For the placement with me of a child for adoption or foster care;

To care for my spouse, son, daughter, or parent with a serious health condition i.e., an illness, injury, impairment, or physical or mental condition that involves: 1) inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any incapacity or subsequent treatment in connection with such inpatient care; 2) any period of incapacity (inability to work, attend school or perform regular daily activities) or more than three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider; 3) incapacity due to pregnancy or for prenatal care; 4) continuing treatment by (or under the supervision of) a health care provider for a chronic condition over an extended period of time; 5) incapacity due to a permanent or long-term condition requiring the continuing treatments from a health care provider; or 6) any period of absence to receive multiple treatments from a health care provider for non-chronic conditions such as surgery after an accident or for conditions that would likely result in extended inpatient care in the absence of treatment (such as chemotherapy for cancer);

Because of my serious health condition (defined above) that makes me unable to perform the functions of my job; or

Other (explain):

I request the use of _____ days of _____ leave as part of my FMLA.

I hereby authorize a Southwest Cook County Cooperative health care provider to contact my health care provider for purposes of clarification and authentication of the medical certification I am required to provide to qualify my leave as FMLA leave.

Employee's Signature Date

This form is not a contract or other binding obligation of Southwest Cook County Cooperative and may be modified at any time at Southwest Cook County Cooperative's discretion, in accordance with Southwest Cook County Cooperative's policies and applicable law. This is not an electronic form. Please complete and return to personnel.