

Request for Leave Eligibility, Rights & Responsibilities under the

Family and Medical Leave Act

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period.

REQUESTED BY: NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP _____

Employed As: _____

At Location: _____

I am informing you of my request on _____ that I am requesting eligibility under the Family Medical Leave Act for:

- _____ The birth of a child, or placement of a child with you for adoption or foster care;
_____ Bonding with a child
_____ Your own serious health condition;
_____ Because you are needed to care for your _____ Spouse; _____ Child; _____ parent due to his/her serious health condition.
_____ Because of a qualifying exigency arising out of the fact that your _____ Spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
_____ Because you are the _____ Spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

The dates of my leave will be: Start: _____ End: _____

I have been employed here at least 12 Months: Yes: _____ No: _____

I have worked at least 1,250 hours within the past 12 Months Yes: _____ No: _____

As we obtain the information from you, we will make an initial determination within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

Central Office
42 Grove Street
Ansonia, CT 06401
Phone: (203) 736-5095 ext 1020 or 1012
Fax: (203) 736-5098

Eligible (Approved): _____

Ineligible (Declined): _____