Family and Medical Leave Act (FMLA) Request Form

Name: _____ Job Title:_____Date of Hire:_____	Work Site: _____ Estimated date of leave:_____

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job protected leave for specified family and medical reasons.

LEAVE ENTITLEMENT

Eligible employees may take up to 12 workweeks of leave in a 12-month period for one or more of the following reasons: *(Check one)*

- ☐ The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- ☐ To care for a spouse, son, daughter, or parent who has a serious health condition;
  Relationship to Employee:_____
- ☐ For a serious health condition that makes the employee unable to perform the essential function of his or her job;
- ☐ For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

I understand that I am required to complete a FMLA Leave Certification of Health Care Provider form and submit the form to Human Resources before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. Upon approval of this requested leave, I am required to utilize all paid time available to me prior to going into an unpaid leave status. In the event that I go into an unpaid status while on leave, I understand that I must contact Human Resources to make arrangements to pay my portion of health insurance premiums.

I request the Certification of Health Care Provider forms for my FMLA leave of absence.

Certification of Health Care Provider: This form is to be completed by either my health care provider (if this leave is for my own serious health condition) or by my family member's health care provider (if this leave is for the serious health condition of a spouse, parent, or child). My physician must complete WH-380-E or WH-380-F form. **Failure to complete forms may delay or prevent my leave approval.**

Employees generally must request leave 30 days in advance when the need for leave is foreseeable. When the need for leaves is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

To access Frequently Asked Questions related to FMLA, go to http://www.dol.gov/whd/fmla/

Employee Signature:	Date:
Lisa Robinson, Director of Human Resources:	Date Received: