Updated: 08/07/2025

Formal Request for FMLA Leave

Date:
Last 4 of Social Security Number:
Name:
Phone Number:
Work Location & Title:
Supervisor:

Dear Human Resources,

I am formally requesting a leave of absence under the **Family and Medical Leave Act (FMLA)** for the following qualifying reason (please check the applicable box):

☐ My own serious health condition
☐ To care for my spouse, child, or parent with a serious health condition
☐ The birth of a child and/or bonding with my newborn
☐ Placement of a child for adoption or foster care and/or bonding
☐ A qualifying exigency related to a covered family member's active military duty
☐ To care for a covered service member with a serious illness or injury (military caregiver leave)

Anticipated Start Date of Leave: _____
Anticipated End Date of Leave: _____

Type of Leave Requested:

☐ Continuous (uninterrupted leave)
☐ Intermittent (occasional days off as needed)
☐ Reduced schedule (working fewer hours or days per week)

I understand that I may be required to provide medical certification or other documentation to support this request and that my leave is subject to FMLA eligibility requirements and company policies.

Please let me know if any additional forms or documents are needed. I will cooperate fully with any certification or notice requirements necessary to process this request.

Sincerely,

Signature:_____

If you want to participate in the Voluntary Shared Leave Program? Yes___ No___

Annual Leave: Yes___ No___ Sick Leave: Yes___ No___ Personal Leave: Yes___ No___

For HR Use Only:

Date Received: _____
Initial Review Completed By: _____
Eligible for FMLA: ☐ Yes ☐ No
Additional Information or Certification Requested: ☐ Yes ☐ No
Date Certification Due: _____