
Family and Medical Leave Act (FMLA) Request Form

To be completed by employee and/or supervisor, and submitted to the Office of Human Resources

Employee _____ Class Title _____

Department _____ PCN _____ Date of Hire _____

Supervisor _____ Date notified by employee _____

REASON FOR LEAVE

- _____ Adoption of child
- _____ Placement of foster child
- _____ Birth of child
- _____ Serious health condition of employee
- _____ Serious health condition of employees spouse, child or parent
- _____ 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.
- _____ You are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

TYPE OF LEAVE REQUESTED: _____ Continuous _____ Intermittent _____ Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA?
_____ Yes _____ No If so, which do you wish to use? Sick [] Vacation []

Explanation of length and type of leave requested: _____

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative *Date*

Supervisor's Signature *Date*

Received by: _____
Signature of HR Representative

Date