

Employee Request for Family or Medical Leave

An employee seeking (or confirming) a family or medical leave must check all applicable boxes, sign on the reverse side and submit to his/her supervisor at least 30 days prior to the desired start date of the leave (if practicable) or as soon as possible if the leave has already begun.

I, _____ request leave for the following reason:
(Print Name)

_____ Because of the (anticipated) birth of my child and in order to care for the child.

_____ Because of the placement of a child with me: _____ for adoption _____ for foster care

_____ In order to care for my: _____ Spouse _____ Son/Daughter _____ Parent who has a serious health condition.

_____ Because of my own serious health condition that makes me unable to work or perform the essential functions of my job.

_____ In order to care for my: _____ spouse _____ child _____ parent _____ nearest blood relative who has a serious injury or illness from active duty military service.

_____ Because of a qualifying exigency from my _____ spouse _____ child _____ parent being called up for or being on active duty in the Armed Forces.

Anticipated date leave will begin: _____
(Actual date if leave has already begun)

Expected date of birth or placement of child: _____

Anticipated return to work date (if known): _____

_____ I request that leave be granted on an intermittent or reduced work schedule basis for the following reason (e.g. medical treatment for self; recovery from treatment or from a serious health condition; to care for a family member). State the proposed leave schedule:

_____ If requesting leave for planned medical treatment or for recovery from treatment or from a serious health condition, state the proposed leave schedule:

_____ If requesting leave to care for a family member, state (a) the type of care you will provide along with (b) the anticipated length of period during which you will provide the care and (c) leave schedule if leave will be taken intermittently or if it will be necessary for your to work less than a full-time schedule:

(a) _____

(b) _____

(c) _____

Substitution of Paid Leave

You are required to substitute accrued paid sick leave for any (otherwise) unpaid portion of the FMLA leave that is for your own serious health condition (including any period of disability/childbearing leave.)

If you do not have sufficient accrued paid sick leave to substitute for the entire portion of any FMLA leave that is for your own serious health condition, you must use any accrued paid personal or vacation leave (in that order) for any (otherwise) unpaid portion of this FMLA leave. Thereafter, your leave will become unpaid when you have used all of your accrued paid leave.

I agree to:

Review all information in the section completed by the Human Resources office for my information and for my required actions.

Provide medical certification of need for leave.

Provide documentation to confirm natural or legal family relationship, if applicable and requested.

Pay my share of group health insurance premiums, if applicable, by the required date while on leave.

Report periodically regarding my status and intent to return to work, if requested.

Provide medical certification of my fitness to work or inability to return to work at the end of my leave, if the leave is for my own medical condition.

Signature: _____ Date: _____