

[Company Logo] - New Horizon Solutions

FMLA Request Record

Employee Name: John Smith

Employee ID: 12346

Date: March 03, 2025

Address: 456 Oak Lane, Springfield, IL 62701

Section 1 - Leave Request:

- Leave Type: Parental Leave
- Reason: Birth of child
- Duration: April 01 - May 01, 2025 (4 weeks)
- Intermittent Leave: ☐ Yes ☒ No
- Estimated Return Date: May 02, 2025

Section 2 - Certification:

- Medical Certification Required: ☒ Yes ☐ No
- Physician Name: Dr. Laura Evans
- Certification Date: March 15, 2025
- Submitted to HR: March 20, 2025

Section 3 - Employer Response:

- Approved by: Emily Johnson, HR Manager
- Approval Date: March 25, 2025
- Job Protection: Position held for 12 weeks per FMLA
- Benefits Continuation: Health insurance maintained

Section 4 - Employee Rights and Responsibilities:

- Right to reinstatement to same or equivalent position.
- Must provide 30 days' notice if foreseeable.
- Contact HR for extensions or issues.
- HR Contact: hr@newhorizon.com

Section 5 - Acknowledgment:

- I understand my rights and obligations under FMLA.

- Signature: _____ Date: _____

Note: Retain a copy; records kept for 3 years.