



Request for Family or Medical Leave

If possible, a request for family or medical leave must be made 30 days prior to the date requested leave is to begin.

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Status: Full-time Part-time PT Hours/Week: _____

Hire date: _____

I request family or medical leave for the following reason(s):

BIRTH OF A CHILD

Leave expected to start: _____ Expected return date: _____

Expected date of birth: _____

PLACEMENT OF A CHILD WITH ME FOR ADOPTION OR FOSTER CARE*

Leave expected to start: _____ Expected return date: _____

Placement date: _____

EMPLOYEE'S SERIOUS HEALTH CONDITION* (refer to SCG FMLA policy for definition of a serious health condition)

Leave to start: _____ Expected return date: _____

Please describe: _____

TO CARE FOR MY SPOUSE, CHILD (UNDER THE AGE OF 18), OR A PARENT THAT HAS A SERIOUS HEALTH CONDITION*

Leave to start: _____ Expected return date: _____

Please describe: _____

FOR MILITARY LEAVE

Leave to start: _____ Expected return date: _____

Qualified Exigency

Care for Service Member

Requested intermittent leave schedule (subject to company's approval)

Schedule requested: _____

Requested reduced schedule (subject to company's approval)*

Schedule requested: _____

Have you taken family or medical leave in the past calendar year?

No

Yes

If yes, how many workdays? _____

**A physician's certification or other documentation may be required.*

I understand and agree to the following provisions:

- I have worked for SCG for at least 12 months and completed at least 1,250 hours during that time
- I understand SCG's policy requires an employee seeking FMLA leave to use all accrued, but unused, vacation or sick leave prior to being eligible for unpaid leave. I understand SCG will designate such leave as family and medical leave.
- If the leave will be unpaid (LWOP), I understand it will be my responsibility to pay my portion of the health insurance, dental/vision insurance, disability insurance, and supplemental life/accidental death and dismemberment premium to SCG every pay period. Additionally, I understand that while on LWOP I will not accrue annual or sick leave hours.
- If, after 12 weeks of leave, I do not return to work on the date intended, SCG may seek to recover the company's health insurance contributions for the period I was on leave without pay, if contributions were not paid as described above.
- At the end of family and medical leave, I normally will be reinstated to my original position (or equivalent position) before the leave began unless I hold a key position.

Employee Name

Date

Employee Signature