

FAMILY AND MEDICAL LEAVE ACT REQUEST FORM

The federal Family and Medical Leave Act (FMLA) entitles eligible employees of _____ (the "Facility") to take unpaid, job-protected leave for up to 12 or 26 weeks, depending on the reason for the leave. Please refer to the Facility's Family and Medical Leave Policy for detailed information about eligibility and notice requirements, maintenance of health benefits, job reinstatement rights, and other important information regarding FMLA leave.

The Facility requires all FMLA leave requests to be made using this form. Once complete, it should be submitted to the Human Resources Department, who will review and process your request within five business days.

EMPLOYEE INFORMATION

Employee Name:

Date Request is Submitted:

Date of Hire:

Date Leave is Requested to Start:

Position/Department:

Anticipated Duration of Leave:

REASON FOR LEAVE OF ABSENCE:

_____ To care for employee's own serious health condition (not work-related).

_____ To care for employee's child, spouse, or parent with a serious health condition.

_____ Birth of a child and care for the new-born child within one year of birth.

(Date of child's birth: _____)

_____ Placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement.

(Date of child's placement: _____)

____ Qualifying exigency due to the employee's spouse, son, daughter, or parent being a covered military member on covered active duty.

Name: _____

Relationship: _____

____ To care for employee's spouse, child, parent, or next of kin who is a covered military member with a serious injury or illness.

Name: _____

Relationship: _____

If the leave requested is intermittent (taken in separate blocks of time due to a serious health condition) or on a reduced hours basis, employee agrees to consult with his or her supervisor to make reasonable efforts to minimize disruptions to the department's operations. _____ Employee initials

PRIOR LEAVE TAKEN

Within the 12 months immediately before the start date indicated above, have you taken any family or medical leave? _____ Yes _____ No

If yes, please provide the period or Reason for leave:
periods of leave taken:

____/____/____	_____
to ____/____/____	_____
____/____/____	_____
to ____/____/____	_____
____/____/____	_____
to ____/____/____	_____

PAY DURING LEAVE

FMLA leave is unpaid. Eligible employees may choose to use any accrued and unused paid leave (for example, sick or vacation leave) while on unpaid FMLA leave. Please indicate your preference below:

_____ Request to use accrued and unused paid leave while on unpaid FMLA leave (choose one or more):

_____ Sick leave

_____ Vacation time

_____ Paid time off (PTO)

_____ Other (please specify: _____)

_____ Request unpaid FMLA leave.

I acknowledge that I have read this request form and accurately completed it:

Employee Signature

Date